<u>* * *</u>	Government of the
	District of Columbia

D-20	Corporation
	Even alste a Tarri

Franchise Tax Return



Important: Print in CAPITAL letters using black ink.

2018

	Тахр	Dayer Identification Number (TIN) Num	ber of business	locations		OFFICIA	AL USE ONLY Vendor ID# 0002	2	
		In DC:	Outs	side DC:			Fill in if QHTC located in DC Ballpark	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 I       Business mailing address #2       Fill in if Worldwide*									
	Busi	ness mailing address #2							
	0:4				0		*Worldwide form must be filed with this return		
	City				St	ate Zip Code + 4			
	Desig	gnated Agent Name				Designated Ager	nt TIN		
	2 00.8								
	• DE	AD INSTRUCTIONS BEFORE PREPARING RETURN • (To allo					Enter dollar amounts only.		
	1	Gross receipts, minus returns and allowances	scale non-busines	is items, see instruct	lions)	If amount is zero, leave	line blank; if minus, enter amount and fill in ova	al. 0	
	2	Cost of goods sold (from D-20 Schedule A) and (attach statement)	/or operatio	ns		2 \$		0	
<b>GROSS INCOME</b>	3	Gross profit from sales and/or operations Line 1 minus Line 2		Fill in if minus:		3 \$	.0	0	
NCO	4	Dividends from Form D-20, Schedule B				4 \$	0	0	
SS	5	Interest (attach statement)				5 \$	.0	0	
GRO	6	Gross rental income from D-20, Schedule I, Column	3, Line 6			6 \$	0	0	
0	7	Gross royalties (attach statement)	,			7 \$	0	0	
	8(a	) Net capital gain (loss) (attach a copy of your federal	Schedule D)	Fill in if minus:		8(a)\$	0		
		) Ordinary gain (loss) from Part II, fed. Form 4797, (a		Fill in if minus:		8(b)\$	0		
	9	Other income (loss) (attach statement)		Fill in if minus:		9 \$	.0	0	
	10	Total gross income. Add Lines 3-9.		Fill in if minus:		10 \$	0	0	
	11	Compensation of officers from Form D-20, Schedu	ıle C			11 \$	0	0	
	12	Salaries and wages				12 \$	0	0	
	13	Repairs				13 \$	0	0	
	14	Bad debts				14 \$	0	0	
	15	Rent				15 \$	0	0	
NS	16	Taxes from Form D-20, Schedule D				16 \$	0	0	
EDUCTIONS	17(	a) Interest payments	\$		00				
DO		b) Minus nondeductible payments to related entities			00 =	17c \$	0	0	
DE		Contributions and/or gifts (attach statement)				18 \$		0	
	19	Amortization (attach a copy of your federal Form 4	562)			19 \$	0		
	20	Depreciation (attach a copy of your federal Form 4 any additional IRC 179 expenses or IRC 168(k) depr	562. Do not i	include		20 \$		0	
	21	Depletion (attach statement)				21 \$	0	0	
	22(	a) Enter royalty payments made	\$		00				
	(	b) Minus nondeductible payments to related entities	\$		00 =	22c\$	0	0	

## D-20 FORM, PAGE 2

Taxpayer Name:

Taxpayer Identification Number:



S					ENTER D	OLLAR AMOUNTS ONLY	
TION	23 24 25	Pension, profit-sharing plans		23			.00
OUC	24	Other deductions (attach statement)		24			00
DEI	25	Total deductions. Add Lines 11–24.		25			00
		Net income Line 10 minus Line 25.	Fill in if minus:	26			00
	27	Net operating loss deduction for years before 2000		27			00
	28	Net income after net operating loss deduction Line 26 minus Line 27	Fill in if minus:	28			.00
	29	(a) Non-business income/state adjustment (attach statement)	Fill in if minus:	29a			00
		(b) Expense related to non-business income (attach statement	nt)	29b	\$		00
ш		(c) 29(a) minus 29(b)	Fill in if minus:	29c			00
COM	30	Net income subject to apportionment Line 28 minus Line 29(c)	Fill in if minus:	30			00
TAXABLE INCOME	31	DC apportionment factor from Form D-20, Schedule F, Col. 3, Lin If Combined Report, from Combined Reporting Schedule 2A, Col. 1 Line		31			00
AXAB	32	Net income from trade or business apportioned to DC Line 30 amount multiplied by Line 31 factor.	Fill in if minus:	32			00
F	33	Other income/deductions attributable to DC (attach statement - see instructions)	Fill in if minus:	33			.00
		Total taxable income before apportioned NOL deduction Line 32 plus or minus Line 33.	Fill in if minus:	34			.00
	35	Apportioned NOL deduction (Losses occurring in year 2000 and	d later)	35			00
		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			00
	37	Tax 8.25% of Line 36		37			00
	38	Minus nonrefundable credits from Schedule UB, Line 9		38			00
ITS	39	Total DC gross receipts from Line '4' MTLGR Worksheet				.00	
CREDITS		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
ENTS AND		Payments and refundable credits: (a) Tax paid, if any, with request for an extension of time		41a			00
TS /		(b) Tax paid, if any, with original return if this is an amer	nded return	41b			00 00
		<ul><li>(c) 2018 estimated franchise tax payments</li><li>(d) Refundable credits from Schedule UB, Line 12</li></ul>		41c 41d			00
PAYM		If this is an amended 2018 return, enter refund requested	l with original return		Ф \$		00
		Total payments and credits. Add Lines 41(a) through 41(d). D	-				00
TAX	44	Estimated tax interest (Fill in oval if D-2220 attached)		44			00
		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 due. No See instructions.	45			00
	46	Overpayment. If Line 43 is larger than the total of Lines 40 and 44	l, enter amount overpaid.	46			00
	47	Amount you want to apply to your 2019 estimated fran	chise tax.	47			00
	48	Amount to be refunded. Line 46 minus Line 47.		48	\$		00
		party designee To authorize another person to discuss this return with 0	OTR, fill in here 🔵 and	d ente		number of that person. See instru	ictions.
		gnee's name Under penalties of law, I declare that I have examined this return and, to the best	of my knowledge, it is correct	Deele	Phone number	acad on the information available to the	proporor
S	EASE	Onder penalties of raw, i declare that i have examined this return and, to the best	of my knowledge, it is correct.	. Decia	ration of paid preparer is b	ised on the mornation available to the	preparer.
	IERE	Officer's signature Title	Da	ite		Telephone number of person to contact	t
PRE	PAID EPAREF	Preparer's signature (if other than taxpayer) Date	Firm r	name		Firm address	
C	ONLY	Preparer's PTIN			nt to allow the preparer to o d Revenue fill in the oval.	liscuss this return with the Office	
			U	an an	a nevenue ini in the oval.		

D-20 FORM,	PAGE 3
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Taxpayer Name:

Taxpayer Identification Number:



Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)		Schedule B - Dividends (See specific instructions for Line 4.)						
1. Inventory at beginning of year	\$			NAME AND ADDR	ESS OF DECLARING C	ORPORATION	AMOUNT	
<ol> <li>Merchandise bought for manufacture or sale</li> </ol>							\$	
C C								
<ol> <li>Salaries and wages</li> <li>Other costs per books (attach statement)</li> </ol>								
<ol> <li>Other costs per books (attach statement)</li></ol>								
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:								
			Total	Dividends				
			Minus	s deduction for Su	bpart F Income.		\$	
				s deduction for div y-owned subsidary		rom		
			тота	L (Enter here and	on D-20. Line 4.	)	\$	
Schedule C - Compensation of officers (See spe	cific instruction	ns for Li					led.)	
Col. 1	Col. 2		ol. 3 t of Time	Percent of ( Stock (		Col. 6		ol. 7
Name and Address of Officer	Official Title	Devo	oted to siness	Col. 4 Common	Col.5 Preferred	Amount of Compensation	Acc	ense count vances
			%	%	%	\$	\$	
			%	%	%			
			<b>.</b>					
			%	%	%			
TOTAL COMPENSATION OF OFFICERS (Enter here a	and on D-20, I	ine 11.	)			\$		
Schedule D - Taxes (See specific instructions for	or Line 16.)							
EXPLANATION		10UNT			EXPLANATION		AMOUN	IT
	\$						\$	
			Т	OTAL (Enter here	and on D-20, Lin	e 16.)	\$	
Schedule E - Reconciliation of the net income		Federal	and D	C returns			-	
1. Taxable income before net operating loss deduction and sp deductions (page 1 of your Federal corporate return).	secial		7.1	Fotal DC taxable in	come reported (fr	om D-20, Line 36	). \$	
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME								
2. Income taxes (see specific instructions for line 16).		NON-TAXABLE INCOME AND ADDITIONAL DEDUC		NAL DEDUCTION	IS			
3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.		8.1	Net income apport					
<ol> <li>Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.</li> </ol>				Other non-taxable ncluding NOL (iter		ional deductions		
<ol> <li>Other unallowable deductions and additional income (iten include additional federal depreciation and additional IRC § 179 expenses).</li> </ol>	nize,			a)				
(a)(b)				b)				
6. TOTAL of Lines 1–5.	\$		10	. TOTAL of Lines 7	7, 8 and 9.		\$	
	I							

Taxpayer Name:





chedule F - DC apportionment factor (See instructions) Note: If this is a combined report do not use Schedule F to derive the apportionment factor for the group. ave Schedule F blank. Use Combined Reporting Schedule 2A, Line 9 instead.						
Round cents to the nearest dollar.			Carry all	factors to six decimal places		
For all businesses other than financial institutions:	Column 1 TOTAL	Column 2 in DC		Column 3 Factor (Column 2 divided by Column 1)		
1. SALES FACTOR: All gross receipts of the business other than gross receipts from non-business income.	\$	00 \$	.00			
For Financial Institutions:						
2. <b>SALES FACTOR:</b> All gross income of the financial institution other than gross income from non-business income.	\$	00 \$	00			
<ol> <li>PAYROLL FACTOR: Total compensation paid or accrued by the financial institution.</li> </ol>	\$	00 \$	00	•		
4. SUM OF FACTORS: (For Financial Institutions add Lines 2 and 3						
<ol> <li>DC APPORTIONMENT FACTOR: For businesses other than fi Line 31. For financial institutions divide Line 4, Column 3 by 2. If</li> </ol>						

### For Combined Reporting

Enter the number of members in the combined group Complete Schedule 1 from the DC Combined Reporting Schedule 1A Designated Agent

	Schedule 1 - Combined Report Tax Due							
Tax Due Combined Group Report	Tax Due Intercompany Eliminations	Tax Due Total Before Eliminations	Tax Due Designated Agent	Tax Due Member 1				
Tax Due Member 2	Tax Due Member 3	Tax Due Member 4	Tax Due Member 5					

	Qualified High Technology Companies Tax, Exemption and C	redits Schedule (See instructions)	
1	Initial Date Of Taxable Income (MMYY)		
2	Cumulative Amount of QHTC Franchise Tax Exemption Previously Used \$		.00
3	Total DC taxable income. D-20 Line 36.     Fill in if minus:	3\$	.00
4	Qualified High Technology Companies Franchise Tax 6.0% of Line 3	4\$	.00
5	Minus nonrefundable credits from Schedule UB, Line 9	5\$	.00
6	Tentative Tax. Subtract Line 5 from Line 4	6\$	.00
7	Minus QHTC Franchise Tax Exemption This Return	7\$	.00
8	Total DC gross receipts from Line '4' MTLGR Worksheet	00	
9	Net tax. Line 6 minus Line 7. The minimum tax is \$250 if DC gross receipts are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M. Enter here and on page 2, Line 40. Complete page 2, Lines 41 through 48.	9\$	00
10	Amount of QHTC Franchise Tax Exemption Remaining \$	00	

	payer Identification Number:							
Scl	nedule G - Balance Sheets				Taxable Year		Taxable Year	[ata]
	1. 0	-	(A) Amou	unt	(B) Total	(A) Amount	(B) 1	lotal
	1. Cash	-						
	2. Trade notes and accounts receivable.	ŀ					_	
	(a) MINUS: Allowance for bad debts	H						
	3. Inventories	-						
S	4. Gov't obligations: (a) U.S. and its instrumentalitie	ŀ					_	
	(b) States, subdivisions thereof,	H					_	
TS I	5. Other current assets (attach statement)							
SETS	6. Loans to stockholders							
AS	7. Mortgage and real estate loans							
	8. Other investments (attach statement)	-						
	9. Buildings and other fixed depreciable assets						_	
	(a) MINUS: Accumulated depreciation	H					_	
	10. Depletable assets	ŀ					_	
	(a) MINUS: Accumulated depletion	H						
	11. Land (net of any amortization)	H						
	12. Intangible assets (amortizable only)						_	
	(a) MINUS: Accumulated amortization	-						
	13. Other assets (attach statement)	H						
	14. TOTAL ASSETS							
	15. Accounts payable							
CAPITAL	16. Mortgages, notes, bonds payable in less than 1 year							
Ē	17. Other current liabilities (attach statement)							
AP	18. Loans from stockholders							
	19. Mortgages, notes, bonds payable in 1 year or more .							
AND	20. Other liabilities (attach statement)	-						
	21. Capital stock: (a) Preferred stock						_	
ß	(b) Common stock	H					_	
Ε	22. Paid-in or capital surplus (attach statement)							
BILITIE	23. Retained earnings - Appropriated (attach statement)							
AB	24. Retained earnings - Unappropriated				· · · · · · · · · · · · · · · · · · ·			
LIA	25. MINUS: Cost of treasury stock				( )		(	)
_	26. TOTAL LIABILITIES AND CAPITAL							
So	chedule H-1 – Reconciliation of Income (Los	s) per Boo	ks With Inco	ne (Los	s) per Return			
1.	Net income per books	\$		7. Inco	ome recorded on books	this year and not	\$	
2.	Federal income tax				uded in this return (ite	mize).		
	Excess of capital losses over capital gains			Tax-e	xempt interest \$			
	Taxable income not recorded on books this							
	year (itemize)							
				8. Dedu	ctions on this tax retur	n and not charged		
5.	Expenses recorded on books this year and not			again	st book income this ye	ar (itemize).		
	deducted on this return (itemize).			(a)	Depreciation	\$		
	(a) Depreciation \$			(b)	Depletion	5		
			-					
	(b) Depletion\$				AL of Lines 7 and $8 \cdots$		\$	
		ф.			ble Income (federal Form Id equal Line 6 minus L		\$	
_	TOTAL of Lines 1 through 5	\$					Ψ	
So	chedule H-2 – Analysis of Unappropriated R	etained Ea	rnings per Bo				1	
1.	Balance at beginning of year	\$		5. Distri	butions: (a) Cash		\$	
2.	Net income per books							
3.	Other increases (itemize)				(c) Proper	у		
				6. Other	decreases (itemize).			
			-					
			F	7 7 7 7 7	L of Lines E and C		¢	
		<u>ф</u>			L of Lines 5 and 6		\$	
4.	TOTAL of Lines 1, 2 and 3.	\$		o. Balan	ce at end of year (Line	4 minus Line /)	\$	

# D-20 FORM, PAGE 5

Taxpayer Name:

Revised 09/18

Taxpayer Name:

Taxpayer Identification Number:

Schedule I – Income from Rent



Col. 1 Address of Property	Col. 2 Kind of Property	Col. 3 Gross Amount of Rent	Col. 4 Depreciation* or Amortization (Per Federal Form 4562)	Col. 5 Repairs (Explain in Sch. I-1)	Col. 6 Taxes, Interest and other Expenses* (Explain in Sch. I-1)
1		\$	\$	\$	\$
2					
3.					
4.					
5.					
6 TOTAL (Enter the total of Column	3 on D-20 Line 6	\$	\$	\$	\$

6. TOTAL (Enter the total of Column 3 on D-20, Line 6.

Enter total of Column 4, 5, and 6 on appropriate deduction lines.)

\*excludes federal depreciation and additional IRC §179 expenses.

Schedule I-1 – Explanation of deductions claimed in Columns 5 and 6 of Schedule I.

Column No.	Explanation	Amount	Column No.	Explanation	Amount
		\$			\$

S	Supplemental Information									
1.	STATE OR COUNTRY OF INCORPORATION	2.(a) DATE OF I	NCORPORATION	2.(b) D	ATE BUSINESS BEGAN IN DC	NTER WHERE FEDERAL RETURN PERIOD COVERED BY THIS RETURN				
4.	THE CORPORATION'S BOOKS ARE IN THE CARE OF -	•		5. LOC	ATED AT –					
6.	During 2018, has the Internal Revenue Service adjustments to your federal income tax return, returns with the IRS? YES NO		2	1	If you have already pro a detailed statement,					
	If "YES", please submit separately a detailed st submitted, to the address shown on page 9 un	,			it was sent.		MM/DD/YYYY			
7.	Is this corporation unitary with another entity?		YES	O NO	If yes, explain:					
8.	Is this return made on the accrual basis?		O YES	O NO	If no, indicate basis	used: 🔵 Cash E	Basis Other (specify			
9.	. Did you file a franchise tax return with DC for the year 2017?		O YES	<u> </u>	If no, state reason					
10	D. Did you withhold DC income tax from wages pa DC resident employees during 2018?	iid to your	─ YES	○ NO	If no, state reason:					
11	Did you file annual information returns, federal and 1099, relating to payment of dividends and 2018?		○ YES	○ NO						
12	2. (a) Has the business been terminated?		YES	O NO	lf yes, explain and g	ive date:				
	(b) Have you moved out of DC?		<b>YES</b>	O NO						
13	3. Did you file an annual ballpark fee return?		O YES	O NO						
	Revised 09/18									







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

Taxpayer Identification Number Fill in filling a D-20 Return	
Enter your business name Fill in if SSN Fill in if filing a D-30 Return	n
D-20 Return	
<b>Nonrefundable Credits</b> (Nonrefundable Credits may not be applied against the required minimum tax 1 Economic Development Zone Incentives Credits ( <i>see worksheet</i> ).	<sup>x)</sup> 1 \$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).	3 \$00
4 Job Growth Incentive Act	4 \$ .00
5 Enter alternative fuel credits. See instructions	
5a Alternative fuel infrastructure. \$ 00 # of stations	
5b Alternative fuel vehicle conversion.	
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	8 \$
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
Refundable Credits	
10 Qualified High Technology Company Retraining Costs Credit from Part E, Line 7, DC Form D-20CR.	10 \$
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-30 Return	
Nonrefundable Credits (Nonrefundable Credits may not be applied against the required minimum tax	x)
13 Economic Development Zone Incentives Credit (see worksheet).	13 \$ .00
14 Organ and Bone Marrow Donor Credit (see computation on reverse side)	14 \$ .00
15 Job Growth Incentive Act	15 \$
16 Enter alternative fuel credits. See instructions	
16a Alternative fuel infrastructure.	
# of stations 16b Alternative fuel vehicle conversion. # of vehicles	
17 Total alternative fuel credits. Add Lines 16a and 16b only and enter here.	17 \$
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.	
Refundable Credits	20 \$00
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

If you claim credits on Lines 2 or 10 above, attach a copy of your DC Form D-20CR to the D-20.

Schedule UB Instructions - Qualified High Technology Companies

#### 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.

	-	e Marrow Donor Credit	
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	\$

\*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 (Cannot exceed Line 2 amount and limited to \$2,500 per Eligible Employee)	\$
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 NOTE: READ INSTRUCTIONS BEFORE

COMPLETING THIS FORM



☐ Yes ☐ No

🗌 Yes 🗌 No

☐ Yes ☐ No

Important: Print in CAPITAL letters using black ink.

Taxpayer Identification Number of	Designated Agent	Taxable y	ear ending MMYY	ng MMYY OWorldwide								
Name of Designated Agent			T	elephone number								
Business mailing address line #1												
Business mailing address line #2												
City			State Zip Co	de + 4								
A List the designated agent and all combined members	<b>B</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?	<b>F</b> Does the member have nexus in DC?							
		🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	☐ Yes ☐ No							
		🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No							
		🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No							
		🗌 Yes 🗌 No	🗌 Yes 🗌 No	☐ Yes ☐ No	🗌 Yes 🗌 No							
		🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	☐ Yes ☐ No							
		🗌 Yes 🗌 No	☐ Yes ☐ No	🗌 Yes 🗌 No	☐ Yes ☐ No							
		🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No							
		🗌 Yes 🗌 No	☐ Yes ☐ No	🗌 Yes 🗌 No	☐ Yes ☐ No							
		🗌 Yes 🗌 No	🗌 Yes 🗌 No	🗌 Yes 🗌 No	☐ Yes ☐ No							
		🗌 Yes 🗌 No	☐ Yes ☐ No	🗌 Yes 🗌 No	🗌 Yes 🗌 No							
		☐ Yes ☐ No	🗌 Yes 🗌 No	☐ Yes ☐ No	🗌 Yes 🗌 No							

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

🗌 Yes 🗌 No

🗌 Yes 🗌 No

☐ Yes ☐ No

Yes No

🗌 Yes 🗌 No

☐ Yes ☐ No

🗌 Yes 🗌 No

☐ Yes ☐ No

☐ Yes ☐ No

# **Combined Group Members' Schedule**

# Instructions

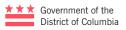
It is necessary to identify each member of the DC Combined Group subject to the franchise tax.

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.

★★★ Government of the District of Columbia	Worldwide Combine Election Fo			
Taxpayer Identification Number of	of Designated Agent	Taxable Year YYYY	O World	wide
Name of Designated Agent			Telephone numbe	r
Business address line #1				
Business address line #2				
City		State	Zip code +4	
In accordance with the pr hereby made to report on	ovisions of DC Official Code a worldwide unitary combi	e § 47-1810.07 and ned basis.	I the combined reporting re	gulations, election is
• A worldwide unitary com thereafter for a period of	bined reporting election is ten years.	binding for and app	licable to the tax year it is r	nade and all years
request for reasonable ca	einstituted after withdrawa use based on extraordinary written permission from the	hardship due to ur	foreseen changes in DC tax	
• Upon the expiration of the election.	e ten-year period, a taxpay	er may withdraw fro	om the worldwide unitary c	ombined reporting
	le in writing within one yea e conditions as applied to t			g for a period of ten
Date Beginning Tax Period:	MMDDYYYY	Date E	nding Tax Period: MMDDY	ſYY
Authorized Signature				-
Printed Name		Date		
Under penalties of law, I declare that this form and	the designated agent has authorize the information contained herein			



SCHEDULE SR Small Retailer 2018



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