

2018 D-30 Unincorporated Business Franchise Tax Return



Important: Print in CAPITAL letters using black ink.

Та	крауе	er Identification Number	Nu	ımber of bı	usiness location	IS		official use only Vendor ID# 0002
		Fill in O if FEIN Fill in O if SSN	In DC:		Outside DC:			OFFICIAL USE ONLY VEHIOUS ID# 0002
		FIII III O II 33IN	5 0.		0 410,40 2 0.			Fill in if Amended Return
R	egiste	ered Business Name					Tax period	d ending (MMYY) Fill in if Final Return
								Fill inif Combined Report*
Е	usine	ess Mailing Address line #1						*You must fill in the Designated Agent info below
								Fill in if Worldwide** **WorldWide form must be filed with this return
В	usine	ess Mailing Address line #2						
C	ty				:	State	Zip C	Code + 4
							Dasi	impated Agent FFIN
L	esign	ated Agent Name					Desi	ignated Agent FEIN
	4							
							If amou	Enter dollar amounts only. unt is zero, leave line blank; if minus, enter amount
	1	Gross receipts, minus returns and allowances				1		.00
	2	Cost of goods sold (from D-30, Schedule A) and/	or opera	ations		2		.00
	3	Gross profit Line 1 minus Line 2		Fill in	if minus:	3		00
ME	4	Dividends. Minus Subpart F income (attach statement) Interest (attach statement showing calculations) Gross rental income (attach statement) Gross royalties (attach statement) Net capital gain (loss) (attach a copy of your federal				4		.00
00	5	Interest (attach statement showing calculations)				5		00
\leq	6	Gross rental income (attach statement)				6		00
089	7	Gross royalties (attach statement)				7		.00
GR	8 (a) Net capital gain (loss) (attach a copy of your federal	Schedule	D) Fill in	if minus:	8a		.00
	(D) Ordinary gain (1055) from Part II, led. Form 4/9/, (attach co	py) FIII In	if minus:	8b		.00
	9	Other income (loss) (attach a detailed statement)			if minus:	9		00
		Total gross income. Add Lines 3–9.			if minus:	10		.00
		LINE 10 IS \$12,000 OR LESS, YOU ARE NOT REQUIR Salaries and wages (Do not include owner(s)/member(ILE THIS	RETURN.	11		00
			S))			12		00
		Repairs	61	l		13		00
		Bad debts (attach a copy of any statement filed with your a) Royalty payments made	\$	i return)	00	13		00
		b) Minus nondeductible payments to related entities			00=	1 / -		00
		Rent	Ф		00=	140		00
S		Taxes from D-30, Schedule C				16		00
EDUCTIONS			\$		00	10		00
JCT		b) Minus nondeductible payments to related entities			00=	170		00
EDI		Contributions and/or gifts from D-30, Schedule E				18		00
		Amortization (attach a copy of your federal Form 4562				19		00
		Depreciation (attach a copy of your federal Form 4562			nv			00
	_5	additional IRC 179 expenses or IRC 168(k) depreciation.		o.uuc ai	.,	20		-00
	21	Other allowable deductions from D-30, Schedule G.				21		.00
	22	Total deductions. Add Lines 11–21.				22		.00

Taxpayer Name: ____



Та	храуе	r Identification Number:	I	1 8 0 3 0	0 1 2 0 0 0 2	
	23	Net income Line 10 minus Line 22.	Fill in if minus:	O 23 \$.00
	24	Net operating loss deduction for years before 2000		24 \$		00
	25	Net income after NOL deduction Line 23 minus Line 24	Fill in if minus:	25 \$.00
	26	(a) Non-business income/state adjustment (attach statement)	Fill in if minus:	26a\$		00
		(b) Minus: Related expenses (attach an allocation statement)		26b\$		00
		(c) Subtract Line 26(b) from Line 26(a)	Fill in if minus:	26c\$		00
	27	Net income from trade or business subject to apportionment Line 25 minus Line 26(c)	Fill in if minus:	27 \$		00
)ME	28	DC apportionment factor from D-30, Schedule F, Col 3, Line 2 If Combined Report, from Combined Reporting Schedule 2A, Col. 1, Line 9)	28		
<u>S</u>	28293031	Net income from trade or business apportioned to DC Multiply Line 27 by the factor on Line 28	Fill in if minus:	29 \$		00
ABLE	30	Other income/deductions attributable to DC (attach statement)	Fill in if minus:	30 \$		00
TAX	31	Total DC net income (loss) Combine Lines 29 and 30	Fill in if minus:	31 \$		00
	32	Salary for owner(s) / member(s) services from D-30, Schedul	le J, Column 4.	32 \$.00
	33	Exemption Maximum is \$5000. Must enter days in DC. \longrightarrow 33a If fewer than 365 days in DC, see page instructions for amount to claim.		33 \$		00
	34	Total taxable income before apportioned NOL deduction Line 31 minus total of Lines 32 and 33	Fill in if minus:	34 \$		00
	35	Apportioned NOL deduction Losses occurring for year 2000 and la	ater.	35 \$		00
	36	Total DC taxable income. Line 34 minus Line 35	Fill in if minus:	36 \$		00
	37	Tax 8.25% of Line 36		37 \$		00
ر۸	38	Minus nonrefundable credits from Schedule UB, Line 20		38 \$		00
Ë	39	Total DC gross receipts from Line '4' from MTLGR worksheet			00	
5	40	Net tax. Line 37 minus Line 38. The minimum tax is \$250 if DC grare \$1M or less or \$1,000 if DC gross receipts are greater than \$1M $^{\circ}$		40 \$		00
2	41	Payments: (a) Tax paid, if any, with request for an extension of time to	n file	41a\$		00
SA		(b) Tax paid, if any, with original return if this is an amend		41b\$		00
Ë		(c) 2018 estimated franchise tax payments		41c\$		00
\exists		(d) Refundable credits from Schedule UB, Line 22		41d5		00
⋖	42	If this is an amended 2018 return, enter refund requested v	with original ret	turn. 42 5		00
_	43	Total payments and credits. Add Lines 41(a) through 41(d). Do no	ot include Line 42.	43 \$.00
Æ	44	Estimated tax interest (Fill in oval if D-2220 attached)		44 \$		00
	45	Total Amount Due. If Line 43 is smaller than the total of Lines 40 and Will this payment come from an account outside the U.S.? Yes	d 44, enter amount See instruction			00
	46	Overpayment. If Line 43 is larger than the total of Lines 40 and 44, e	enter amount overp	aid. 46 \$		00
	47	Amount you want to apply to your 2019 estimated franch	ise tax.	47 \$		00
	48	Amount to be refunded. Line 46 minus Line 47.		48 \$.00
	Third	party designee To authorize another person to discuss this return with OTF	R, fill in here	and enter the name and pho	one number of that person. Se	e instructions.
	Desig	gnee's name		Phone number		
	PLEAS SIGN		of my knowledge, it is	correct. Declaration of paid prepared	rer is based on the information avai	lable to the preparer.
	HERE	Officer's signature Title		Date	Telephone number of perso	n to contact
				Jaic		
Р	PAID REPAR ONLY	RER Preparer's signature (if other than taxpayer) Date		Firm name	Firm address	
	ONL	Preparer's PTIN		If you want to allow the prepa with the Office of Tax and Rev		

Taxpayer Name:

Taxpayer Identification Number:

Round cents to the nearest dollar. If an amount is zero, make no entry.

Schedule A - COST OF GOODS SOLD (See spec	cific instructions for	r Line 2.)	
1. Inventory at beginning of year (if different from last ye	ar's closing inventor	y, attach an explanation).	\$
2. Purchases			
Minus cost of items withdrawn for personal use	\$	Enter result here	→
3. Cost of Labor.			
4. Material and supplies.			
5. Other costs (attach statement) – (Additional federal depr	eciation and additional	IRC §179 expenses are not allowed.)	
6. Total of lines 1 through 5.			\$
7. Inventory at end of year.			\$
Cost of goods sold (Line 6 minus Line 7). Enter here Method of inventory valuation used	and on D-30, Line	2.	\$
Schedule B - CONTRIBUTIONS AND/OR GIFTS	(See specific insti	ructions for Line 18.)	\$
			<u> </u>
		TOTAL (Limited to 15% of net income – also enter on D-30,	Line 18.) \$
			'
· · · · · · · · · · · · · · · · · · ·	r Line 16.)		
Schedule C - TAXES (See specific instructions fo	r Line 16.)	Type of Tax	Amount
<u> </u>	1	Type of Tax	
<u> </u>	Amount	Type of Tax	Amount
<u> </u>	Amount	Type of Tax	Amount
<u> </u>	Amount	Type of Tax	Amount
<u> </u>	Amount	Type of Tax	Amount
<u> </u>	Amount	Type of Tax	Amount
Type of Tax	Amount	Type of Tax	Amount \$
<u> </u>	Amount	Type of Tax	Amount
Type of Tax	Amount \$		Amount \$
TOTAL * Schedule E - INTEREST EXPENSE (See specific i	Amount \$ nstructions for Line	e 17.)	Amount \$
TOTAL *	Amount s nstructions for Line Amount		Amount \$
TOTAL * Schedule E - INTEREST EXPENSE (See specific i	Amount \$ nstructions for Line	e 17.)	Amount \$
TOTAL * Schedule E - INTEREST EXPENSE (See specific i	Amount s nstructions for Line Amount	e 17.)	Amount \$
TOTAL * Schedule E - INTEREST EXPENSE (See specific i	Amount s nstructions for Line Amount	e 17.)	Amount \$
TOTAL * Schedule E - INTEREST EXPENSE (See specific i	Amount s nstructions for Line Amount	e 17.)	Amount \$
TOTAL * Schedule E - INTEREST EXPENSE (See specific i	Amount s nstructions for Line Amount	e 17.)	Amount \$

^{*}Schedule D has been deleted.

Taxpayer Name: ____

Taxpayer Identification Number:

	ent factor (See instructions) Note: mbined Reporting Schedule 2A, Lin		use Schedule F to derive the app	ortionment factor for the group.
Round cents to the nearest dollar.	, , , , , , , , , , , , , , , , , , , ,		(Carry all factors to six decimal places
		Column 1 TOTAL	Column 2 in DC	DC Apportionment
1. SALES FACTOR: All gross receip	ots of the unincorporated business	0	O #	Factor
other than gross receipts from ite		\$	O \$	(Column 2 divided by Column 1)
 DC APPORTIONMENT FAC Column 1. Enter on D-30, Line 				
For Combined Reporting				
Enter the number of members in th	ne combined group			
Complete Schedule 1 from the DC	Combined Reporting Schedule 1A De	esignated Agent		
	1	nedule 1 - Combined Report Ta	1	
Tax Due Combined Group Report	Tax Due Intercompany Eliminations	Tax Due Total Before Eliminations	Tax Due Designated Agent	Tax Due Member 1
				- momosi 1
Tax Due	Tax Due	Tax Due	Tax Due	
Member 2	Member 3	Member 4	Member 5	
Schedule G - Other allowable	deductions			
	N	ature of Deduction		Amount
				\$
TOTAL (Also enter on D-30 Line 2	21.)			\$
TOTAL (1130 CITED OF D OO, EINC 2				Ψ
Schedule H - Income not repor	ted (claimed as nontavable)			
See instructions.)	tou (orannou do nontaxable)			
		Nature of Income		Amount
				\$
OTAL				\$

20.

Taxpayer Identification Number:



Schedule I - BALANCE SHEETS (See Instructions.) Beginning of Taxable Year End of Taxable Year (A) Amount (B) Total (A) Amount (B) Total 1. Cash..... 2. Trade notes and accounts receivable. 4. Gov't obligations: (a) U.S. and its instrumentalities. . . . (b) States, subdivisions thereof, etc. . 5. Other current assets (attach statement)..... 8. Buildings and other fixed depreciable assets 10. Land (net of any amortization)...... LIABILITIES AND CAPITAL (a) MINUS: Accumulated amortization 13. TOTAL ASSETS..... 15. Mortgages, notes, bonds payable in less than 1 year. 16. Other current liabilities (attach statement). 17. Mortgages, notes, bonds payable in 1 year or more. 19. Capital stock.....

Schedule J - DISTRIBUTION	A AND RECONC					1		
Col. 1		Col. 2 Percentage of Time	Col. 3 Percent- age of	Col. 4 Salary Claimed	Col. 5 Exemption Claimed	Col. 6 Net Loss DC Sources	Col. 7 Net Income (or Loss)	Col. 8 Total Income (or Loss) Not Taxable to
Name and Address of Owner(s)/ Member(s)	Taxpayer Identification Number	Devoted to this Business	Ownership		Oldimod	20 0001003	from Outside DC	the Unincorporated Business (Add Cols. 4 thru 7)
		%	%	\$	\$	\$	\$	\$
TOTAL				\$	\$	\$	\$	\$
Col. 4 - See Instructions. Col. 5 - See Instructions.				Enter total taxab	le income as shov	vn on Line 34 of D-3	30.	\$
Col. 6 - Any loss amount from Line Col. 7 - Enter the difference between		31 of D-30.				siness from both with		\$

TOTAL LIABILITIES AND CAPITAL

D-30 FORM, PAGE 6

Taxpayer Name:				
Taxpayer Identification Number:				
SUPPLEMENTAL INFORMATION				
During 2018, has the Internal Revenue Service made or proposed any adjustments to your federal income tax returns, or did you file any amended returns with the Internal Revenue Service? Yes No If "Yes", submit separately an amended Form D-30 and a detailed statement, concerning adjustments, to the Office of Tax and Revenue, See instructions for address.		INESS ACTIVITY AS TERMINATED, STATE RSHIP (sole proprietor, p.	REASON 5	DATE BUSINESS BEGAN TERMINATION DATE
7. Place where federal income tax return for period covered by this	return was filed:			
8. Name(s) under which federal return for period covered by this ret	turn was filed:			
Have you filed annual Federal Information Returns, (forms 1096 and 1099) pertaining to compensation payments for 2018	Yes No	If no, please state r	eason:	
10. Is this return reported on the accrual basis?	Yes No If no, f	ill in the method used:	Cash basis Other (specif	ýy)
11. Did you withhold DC income tax from the wages of your DC employees during 2018?	Yes No If no, s	state reason: -		
12. Did you file a franchise tax return for the business with the District of Columbia for the year 2017? If yes, enter name under which return was filed:	Yes No If no, s	state reason:		
Does this return include income from more than one business conducted by the taxpayer? (If yes, list businesses and net income (loss) of each.)	Yes No			
14. Is income from any other business or business interest owned by the proprietors of this business being reported in a separate return? (If yes, list names and addresses of the other businesses.)	Yes No			
15. (a) Is this business unitary with a partnership or another corporation?	Yes No If yes	, explain:		
(b) Is this business unitary with a combined group?	Yes No If yes	, explain:		
16. Did you file an annual ballpark fee return?	Yes No			







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		
	or year addinger italie		
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 Enter alternative fuel credits. See instructions	4 \$	00
5	5a Alternative fuel infrastructure.		
	# of stations		
	5b Alternative fuel vehicle conversion. # of vehicles \$ 00		
6	Total alternative fuel credits. Add Lines 5a and 5b only and enter here.		00
7	Employer-assisted Home Purchase Tax Credit (see computation on reverse side). 7a # of employees		00
8	KESEKVED		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 5	00
Re	fundable Credits		
	Qualified High Technology Company Retraining Costs Credit from Part E, Line 7, DC Form D-20CR.		00
11	Small Retailer Property Tax Relief Credit		00
12	Total the refundable D-20 credits, enter here and on Form D-20, Line 41(d).	12 \$	00
	30 Return		
	nrefundable Credits (Nonrefundable Credits may not be applied against the required minimum tax		00
13	Economic Development Zone Incentives Credit (see worksheet). Organ and Bone Marrow Donor Credit (see computation on reverse side)		
14 15	Urgan and Bone Marrow Donor Credit (see computation on reverse side) Job Growth Incentive Act		00
	Enter alternative fuel credits. See instructions	15 ψ	
	16a Alternative fuel infractructure		
	# 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 # of employees	18 \$	00
19	KESENVED	19 \$	00
20	Total the nonrefundable D-30 credits, enter here and on Form D-30, Line 38.	20 \$	00
	fundable Credits	21 \$ (00
21	Small Retailer Property Tax Relief Credit	21 0	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.

	•	e Marrow Donor Credit omputation —	
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	
Traine of Bookgrated Algeric				elephone number	
Business mailing address line #	1				
Business mailing address line #	2				
City			State Zip Co	de + 4	
A st the designated agent and all combined members	B Taxpayer Identification Number	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 i
		☐ 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 Γ

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



Combined Group Members' Schedule

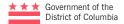
Instructions

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.

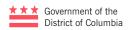


Worldwide Combined Reporting Election Form



Taxpayer Identification Number of Designated Agent	Taxable Year YYYY	Worldwide
Name of Designated Agent		Telephone number
Business address line #1		
Business address line #2		
		ППП
City	State Zip o	code +4
ony	State Zip c	300 T 4
	6 47 1010 07 111	
 In accordance with the provisions of DC Official Code hereby made to report on a worldwide unitary combin 	§ 47-1810.07 and the coned basis.	mbined reporting regulations, election is
A worldwide unitary combined reporting election is be	ninding for and applicable t	to the tax year it is made and all years
thereafter for a period of ten years.	mianio ioi ania appiioazio	
It may be withdrawn or reinstituted after withdrawal	, prior to the expiration of	the ten-year period, only upon written
request for reasonable cause based on extraordinary	hardship due to unforesee	n changes in DC tax statutes, law or
policy and only with the written permission from the		
 Upon the expiration of the ten-year period, a taxpaye election. 	er may withdraw from the v	worldwide unitary combined reporting
 Withdrawal must be made in writing within one year years, subject to the same conditions as applied to tl 		ection and is binding for a period of ten
years, subject to the same conditions as applied to the	ne original election.	
Data Baginning Tay Pariod MMDDVVVV	Data Ending T	ay Pariod MMDDVVVV
Date Beginning Tax Period: MMDDYYYY	Date Ending 1	ax Period: MMDDYYYY
Authorized Signature		
Printed Name	Date	
Under penalties of law, I declare that the designated agent has authorize this form and the information contained herein is		

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.



THIE III ON TIME letters using black link.	
OFFICIAL USE	ONLY Vendor ID#0002
Taxpayer Identification Number Fill in 🔵 if FEIN Fill in 🔵 if filing a D-20 Rei	turn
Fill in if SSN Fill in if filing a D-30 Ref	turn
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
City 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 or tax.	therwise exempt from real property
 The credit equals the total Class 2 real property taxes paid by a qualified corpor 	ration or qualified unincorporated
business for a qualified retail owned location during the tayable year not to eye	
business for a qualified retail owned location during the taxable year not to except paid by a qualified corporation or qualified unincorporated business for a qualified	eed \$5,000; or 10% of the total rent
business for a qualified retail owned location during the taxable year not to excepaid by a qualified corporation or qualified unincorporated business for a qualifi \$5,000.	eed \$5,000; or 10% of the total rent
paid by a qualified corporation or qualified unincorporated business for a qualifi \$5,000.	eed \$5,000; or 10% of the total rent ied rental retail location not to exceed
paid by a qualified corporation or qualified unincorporated business for a qualifi \$5,000. Amount of federal gross receipts or sales. Do not make claim if \$2.5m or more.	eed \$5,000; or 10% of the total rent ied rental retail location not to exceed
paid by a qualified corporation or qualified unincorporated business for a qualifi \$5,000. Amount of federal gross receipts or sales. Do not make claim if \$2.5m or more. If tenant, amount of rent paid in taxable year 2018 on qualified retail location.	eed \$5,000; or 10% of the total rent ied rental retail location not to exceed
paid by a qualified corporation or qualified unincorporated business for a qualifi \$5,000. Amount of federal gross receipts or sales. Do not make claim if \$2.5m or more.	eed \$5,000; or 10% of the total rent ied rental retail location not to exceed
paid by a qualified corporation or qualified unincorporated business for a qualifi \$5,000. Amount of federal gross receipts or sales. Do not make claim if \$2.5m or more. If tenant, amount of rent paid in taxable year 2018 on qualified retail location. Enter the Class 2 property taxes paid in 2018 on qualified owned retail location	1 \$.00 2 \$.00
paid by a qualified corporation or qualified unincorporated business for a qualifi \$5,000. Amount of federal gross receipts or sales. Do not make claim if \$2.5m or more. If tenant, amount of rent paid in taxable year 2018 on qualified retail location. Enter the Class 2 property taxes paid in 2018 on qualified owned retail location or 10% of rent paid in taxable year 2018 on qualified rental retail location. Property Tax Credit Limit.	1 \$
paid by a qualified corporation or qualified unincorporated business for a qualifi \$5,000. Amount of federal gross receipts or sales. Do not make claim if \$2.5m or more. If tenant, amount of rent paid in taxable year 2018 on qualified retail location. Enter the Class 2 property taxes paid in 2018 on qualified owned retail location or 10% of rent paid in taxable year 2018 on qualified rental retail location.	1 \$.00 2 \$.00 3\$.00
paid by a qualified corporation or qualified unincorporated business for a qualifi \$5,000. Amount of federal gross receipts or sales. Do not make claim if \$2.5m or more. If tenant, amount of rent paid in taxable year 2018 on qualified retail location. Enter the Class 2 property taxes paid in 2018 on qualified owned retail location or 10% of rent paid in taxable year 2018 on qualified rental retail location. Property Tax Credit Limit. Small Retailer Property Tax Relief Credit. Enter the smaller of Line 3 or Line 4 here,	1 \$
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