





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 specific instructions for Line 2.)

1. Inventory at beginning of year (if different from last year's closing inventory, 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Minus cost of items withdrawn for personal use .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 depreciation and additional IRC §179 expenses are not allowed.)		
6. Total of lines 1 through 5.		\$
7. Inventory at end of year.		\$
8. Cost of goods sold (Line 6 minus Line 7). Enter here and on D-30, Line 2.		\$
Method of inventory valuation used _____		

**Schedule B - CONTRIBUTIONS AND/OR GIFTS** (See specific instructions for Line 18.)

	\$		\$
		TOTAL (Limited to 15% of net income – also enter on D-30, Line 18.)	\$

**Schedule C - TAXES** (See specific instructions for Line 16.)

Type of Tax	Amount	Type of Tax	Amount
	\$		\$
<b>TOTAL</b>			\$

\*

**Schedule E - INTEREST EXPENSE** (See specific instructions for Line 17.)

Name and Address of Payee	Amount	Name and Address of Payee	Amount
	\$		\$
<b>TOTAL</b> . . . . .			\$

\*Schedule D has been deleted.

Taxpayer Name: \_\_\_\_\_



Taxpayer Identification Number: \_\_\_\_\_

**Schedule 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. Leave Schedule F blank. Use Combined Reporting Schedule 2A, Line 9 instead.**

Round cents to the nearest dollar. Carry all factors to six decimal places

	<i>Column 1 TOTAL</i>	<i>Column 2 in DC</i>	<i>DC Apportionment Factor</i>
1. <b>SALES FACTOR:</b> All gross receipts of the unincorporated business other than gross receipts from items of non-business income.	\$ _____ 00	\$ _____ 00	(Column 2 divided by Column 1)
2. <b>DC APPORTIONMENT FACTOR:</b> Column 2 divided by Column 1. Enter on D-30, Line 28	_____		

**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	

**Schedule G - Other allowable deductions**

Nature of Deduction	Amount
	\$
<b>TOTAL</b> (Also enter on D-30, Line 21.) . . . . .	\$

**Schedule H - Income not reported** (claimed as nontaxable)  
(See instructions.)

Nature of Income	Amount
	\$
<b>TOTAL</b> . . . . .	\$

Taxpayer Name: \_\_\_\_\_



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
<b>ASSETS</b>	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 instrumentalities . . . . .			
	(b) States, subdivisions thereof, etc. . . . .			
	5. Other current assets (attach statement) . . . . .			
	6. Mortgage and real estate loans . . . . .			
	7. Other investments (attach statement) . . . . .			
	8. Buildings and other fixed depreciable assets . . . . .			
	(a) MINUS: Accumulated depreciation . . . . .			
	9. Depletable assets . . . . .			
	(a) MINUS: Accumulated depletion . . . . .			
10. Land (net of any amortization) . . . . .				
11. Intangible assets (amortizable only) . . . . .				
(a) MINUS: Accumulated amortization . . . . .				
12. Other assets (attach statement) . . . . .				
13. <b>TOTAL ASSETS</b> . . . . .				
<b>LIABILITIES AND CAPITAL</b>	14. Accounts payable . . . . .			
	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 . . . . .			
	18. Other liabilities (attach statement) . . . . .			
	19. Capital stock . . . . .			
	20. <b>TOTAL LIABILITIES AND CAPITAL</b> . . . . .			

**Schedule J - DISTRIBUTION AND RECONCILIATION OF NET INCOME (OR LOSS)**

Col. 1	Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8	
Name and Address of Owner(s)/ Member(s)	Taxpayer Identification Number	Percentage of Time Devoted to this Business	Percentage of Ownership	Salary Claimed	Exemption Claimed	Net Loss DC Sources	Net Income (or Loss) from Outside DC	Total Income (or Loss) Not Taxable to the Unincorporated Business (Add Cols. 4 thru 7)
		%	%	\$	\$	\$	\$	\$
<b>TOTAL</b> . . . . .				\$	\$	\$	\$	\$
<b>Col. 4 - See Instructions.</b>				Enter total taxable income as shown on Line 34 of D-30.				\$
<b>Col. 5 - See Instructions.</b>								\$
<b>Col. 6 - Any loss amount from Line 31 of D-30.</b>				Net income of Unincorporated Business from both within and outside DC (from Line 25 of D-30) . . . . .				\$
<b>Col. 7 - Enter the difference between Line 25 and Line 31 of D-30.</b>								\$

Taxpayer Name: \_\_\_\_\_

Taxpayer Identification Number: \_\_\_\_\_

**SUPPLEMENTAL INFORMATION**

<p>1. 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 <input type="radio"/> No <input type="radio"/>                  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.</p>	<p>2. PRINCIPAL BUSINESS ACTIVITY                  _____</p>	<p>3. DATE BUSINESS BEGAN                  _____</p>
	<p>4. IF BUSINESS HAS TERMINATED, STATE REASON                  _____</p>	<p>5. TERMINATION DATE                  _____</p>
	<p>6. TYPE OF OWNERSHIP (sole proprietor, partnership, etc.)                  _____</p>	
<p>7. Place where federal income tax return for period covered by this return was filed: _____</p>		
<p>8. Name(s) under which federal return for period covered by this return was filed: _____</p>		
<p>9. Have you filed annual Federal Information Returns, (forms 1096 and 1099) pertaining to compensation payments for 2018?      Yes <input type="radio"/> No <input type="radio"/>      If no, please state reason: _____</p>		
<p>10. Is this return reported on the accrual basis?      Yes <input type="radio"/> No <input type="radio"/>      If no, fill in the method used:      <input type="radio"/> Cash basis      <input type="radio"/> Other (specify) _____</p>		
<p>11. Did you withhold DC income tax from the wages of your DC employees during 2018?      Yes <input type="radio"/> No <input type="radio"/>      If no, state reason: _____                  _____</p>		
<p>12. Did you file a franchise tax return for the business with the District of Columbia for the year 2017?      Yes <input type="radio"/> No <input type="radio"/>      If no, state reason: _____                  If yes, enter name under which return was filed: _____                  _____</p>		
<p>13. Does this return include income from more than one business conducted by the taxpayer?      Yes <input type="radio"/> No <input type="radio"/>      (If yes, list businesses and net income (loss) of each.)                  _____                  _____                  _____</p>		
<p>14. Is income from any other business or business interest owned by the proprietors of this business being reported in a separate return?      Yes <input type="radio"/> No <input type="radio"/>      (If yes, list names and addresses of the other businesses.)                  _____                  _____                  _____</p>		
<p>15. (a) Is this business unitary with a partnership or another corporation?      Yes <input type="radio"/> No <input type="radio"/>      If yes, explain:                  _____                  _____</p> <p>      (b) Is this business unitary with a combined group?      Yes <input type="radio"/> No <input type="radio"/>      If yes, explain:                  _____                  _____</p>		
<p>16. Did you file an annual ballpark fee return?      Yes <input type="radio"/> No <input type="radio"/></p>		



**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.

<b>Organ and Bone Marrow Donor Credit</b> — 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% _____ \$ _____	\$ _____
		<b>Total of Col. 4. Enter here and on Schedule UB.*</b>	\$ _____

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

<b>Employer-Assisted Home Purchase Tax Credit</b> — Computation —	
1. Number of Eligible Employees <input style="width: 40px; height: 15px;" type="text"/>	
2. Amount of Homeownership Assistance provided during this period to Eligible Employees.....x 50%	\$ _____
3. Tax Credit ..... (Cannot exceed Line 2 amount and limited to \$2,500 per Eligible Employee)	\$ _____
<b>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.</b>	

**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



1 8 2 3 0 0 3 1 0 0 0 2

Important: Print in CAPITAL letters using black ink.

Taxpayer Identification Number of Designated Agent

Grid for Taxpayer Identification Number of Designated Agent

Taxable year ending MMY

Grid for Taxable year ending MMY

Worldwide

Name of Designated Agent

Grid for Name of Designated Agent

Telephone number

Grid for Telephone number

Business mailing address line #1

Grid for Business mailing address line #1

Business mailing address line #2

Grid for Business mailing address line #2

City

Grid for City

State

Grid for State

Zip Code + 4

Grid for Zip Code + 4

A List the designated agent and all combined members	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?	F Does the member have nexus in DC?
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# 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

Input boxes for Taxpayer Identification Number

Taxable Year YYYY

Input boxes for Taxable Year

Worldwide

Name of Designated Agent

Input boxes for Name of Designated Agent

Telephone number

Input boxes for Telephone number

Business address line #1

Input boxes for Business address line #1

Business address line #2

Input boxes for Business address line #2

City

Input boxes for City

State

Input boxes for State

Zip code +4

Input boxes for Zip code +4

- In accordance with the provisions of DC Official Code § 47-1810.07 and the combined reporting regulations, election is hereby made to report on a worldwide unitary combined basis.
• A worldwide unitary combined reporting election is binding for and applicable to the tax year it is made and all years thereafter for a period of ten years.
• It may be withdrawn or reinstated after withdrawal, prior to the expiration of the ten-year period, only upon written request for reasonable cause based on extraordinary hardship due to unforeseen changes in DC tax statutes, law or policy and only with the written permission from the Office of Tax and Revenue.
• Upon the expiration of the ten-year period, a taxpayer may withdraw from the worldwide unitary combined reporting election.
• Withdrawal must be made in writing within one year of the expiration of the election and is binding for a period of ten years, subject to the same conditions as applied to the original election.

Date Beginning Tax Period: MMDDYYYY

Input boxes for Date Beginning Tax Period

Date Ending Tax Period: MMDDYYYY

Input boxes for Date Ending Tax Period

Authorized Signature

Printed Name

Date

Under penalties of law, I declare that the designated agent has authorized me to sign on behalf of all members of the combined group, and that I have examined this form and the information contained herein is, to the best of my knowledge and belief, correct and complete.

