



Important: Print in CAPITAL letters using black ink.

Taxpayer Identification Number (TIN)	Number of business locations	Tax period ending (MMDDYYYY)	OFFICIAL USE ONLY Vendor ID# 0002
<input type="text"/>	In DC: <input type="text"/> Outside DC: <input type="text"/>	<input type="text"/>	
Name of corporation			Fill in <input type="radio"/> if QHTC located in DC Ballpark TIF Area
<input type="text"/>			Fill in <input type="radio"/> if Amended Return
Business mailing address #1			Fill in <input type="radio"/> if Final Return
<input type="text"/>			Fill in <input type="radio"/> if Certified QHTC
Business mailing address #2			Fill in <input type="radio"/> if Combined Report*
<input type="text"/>			*You must fill in the Designated Agent info below
City	State	Zip Code + 4	Fill in <input type="radio"/> if Worldwide**
<input type="text"/>	<input type="text"/>	<input type="text"/>	**Worldwide form must be filed with this return
Designated Agent Name		Designated Agent TIN	
<input type="text"/>		<input type="text"/>	

• READ INSTRUCTIONS BEFORE PREPARING RETURN • (To allocate non-business items, see instructions)

Enter dollar amounts only.

If amount is zero, leave line blank; if minus, enter amount and fill in oval.

GROSS INCOME

1	Gross receipts, minus returns and allowances	1	\$	<input type="text"/>	.00
2	Cost of goods sold (from D-20 Schedule A) and/or operations (attach statement)	2	\$	<input type="text"/>	.00
3	Gross profit from sales and/or operations Line 1 minus Line 2	3	\$	<input type="text"/>	.00
	Fill in if minus: <input type="radio"/>				
4	Dividends from Form D-20, Schedule B	4	\$	<input type="text"/>	.00
5	Interest (attach statement)	5	\$	<input type="text"/>	.00
6	Gross rental income from D-20, Schedule I, Column 3, Line 6	6	\$	<input type="text"/>	.00
7	Gross royalties (attach statement)	7	\$	<input type="text"/>	.00
8(a)	Net capital gain (loss) (attach a copy of your federal Schedule D) Fill in if minus: <input type="radio"/>	8(a)	\$	<input type="text"/>	.00
	(b) Ordinary gain (loss) from Part II, fed. Form 4797, (attach copy) Fill in if minus: <input type="radio"/>	8(b)	\$	<input type="text"/>	.00
9	Other income (loss) (attach statement) Fill in if minus: <input type="radio"/>	9	\$	<input type="text"/>	.00
10	Total gross income. Add Lines 3–9. Fill in if minus: <input type="radio"/>	10	\$	<input type="text"/>	.00

DEDUCTIONS

11	Compensation of officers from Form D-20, Schedule C	11	\$	<input type="text"/>	.00
12	Salaries and wages	12	\$	<input type="text"/>	.00
13	Repairs	13	\$	<input type="text"/>	.00
14	Bad debts	14	\$	<input type="text"/>	.00
15	Rent	15	\$	<input type="text"/>	.00
16	Taxes from Form D-20, Schedule D	16	\$	<input type="text"/>	.00
17(a)	Interest payments \$ <input type="text"/> 00				
	(b) Minus nondeductible payments to related entities \$ <input type="text"/> 00 =	17c	\$	<input type="text"/>	.00
18	Contributions and/or gifts (attach statement)	18	\$	<input type="text"/>	.00
19	Amortization (attach a copy of your federal Form 4562)	19	\$	<input type="text"/>	.00
20	Depreciation (attach a copy of your federal Form 4562. Do not include any additional IRC 179 expenses or IRC 168(k) depreciation)	20	\$	<input type="text"/>	.00
21	Depletion (attach statement)	21	\$	<input type="text"/>	.00
22(a)	Enter royalty payments made \$ <input type="text"/> 00				
	(b) Minus nondeductible payments to related entities \$ <input type="text"/> 00 =	22c	\$	<input type="text"/>	.00

Taxpayer Name: _____

Taxpayer Identification Number: _____



DEDUCTIONS		ENTER DOLLAR AMOUNTS ONLY										
		\$										00
23	Pension, profit-sharing plans	\$										00
24	Other deductions (attach statement)	\$										00
25	Total deductions. Add Lines 11–24.	\$										00
26	Net income Line 10 minus Line 25. Fill in if minus: <input type="radio"/>	\$										00
27	Net operating loss deduction for years before 2000	\$										00
28	Net income after net operating loss deduction Fill in if minus: <input type="radio"/> Line 26 minus Line 27	\$										00
29	(a) Non-business income/state adjustment (attach statement) Fill in if minus: <input type="radio"/>	29a \$										00
	(b) Expense related to non-business income (attach statement)	29b \$										00
	(c) 29(a) minus 29(b) Fill in if minus: <input type="radio"/>	29c \$										00
30	Net income subject to apportionment Fill in if minus: <input type="radio"/> Line 28 minus Line 29(c)	30 \$										00
31	DC apportionment factor from Form D-20, Schedule F, Col. 3, Line 5. If Combined Report, from Combined Reporting Schedule 2A, Col. 1 Line 9.	31										
32	Net income from trade or business Fill in if minus: <input type="radio"/> apportioned to DC Line 30 amount multiplied by Line 31 factor.	32 \$										00
33	Other income/deductions attributable to DC Fill in if minus: <input type="radio"/> (attach statement - see instructions)	33 \$										00
34	Total taxable income before apportioned NOL deduction Fill in if minus: <input type="radio"/> Line 32 plus or minus Line 33.	34 \$										00
35	Apportioned NOL deduction (Losses occurring in year 2000 and later)* *(Losses occurring in tax year 2018 or later are limited to 80%. See instructions.)	35 \$										00
36	Tentative DC taxable income. Line 34 minus Line 35. Fill in if minus: <input type="radio"/>	36 \$										00
37	Allocated/apportioned net capital gain from sale or exchange of an eligible investment in a DC QHTC, from Schedule QCGI, Line 3.	37 \$										00
38	DC taxable income. Line 36 minus Line 37. Fill in if minus: <input type="radio"/> If QHTC, skip Lines 39-43. Complete QHTC Schedule on Page 4, Lines 1-13.	38 \$										00
39	Tentative tax 8.25% of Line 38.	39 \$										00
40	3% tax on eligible QHTC capital gain income, from Schedule QCGI, Line 4.	40 \$										00
41	Total tax. Add Line 39 and Line 40.	41 \$										00
42	Minus nonrefundable credits from Schedule UB, Line 9	42 \$										00
43	Total DC gross receipts from Line '4' MTLGR Worksheet \$											00
44	Net tax. Line 41 minus Line 42. The minimum tax is \$250 if DC gross receipts are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M.	44 \$										00
45	Payments and refundable credits:	45a \$										00
	(a) Tax paid, if any, with request for an extension of time to file	45b \$										00
	(b) Tax paid, if any, with original return if this is an amended return	45c \$										00
	(c) 2019 estimated franchise tax payments	45d \$										00
	(d) Refundable credits from Schedule UB, Line 12											00
46	If this is an amended 2019 return, enter refund requested with original return.	46 \$										00
47	Total payments and credits. Add Lines 45(a) through 45(d). Do not include Line 46.	47 \$										00
48	Estimated tax interest (Fill in oval if D-2220 attached) <input type="radio"/>	48 \$										00
49	Total Amount Due. If Line 47 is smaller than the total of Lines 44 and 48, enter amount due. Will this payment come from an account outside of the U.S.? <input type="radio"/> Yes <input type="radio"/> No See instructions.	49 \$										00
50	Overpayment. If Line 47 is larger than the total of Lines 44 and 48, enter amount overpaid.	50 \$										00
51	Amount you want to apply to your 2020 estimated franchise tax.	51 \$										00
52	Amount to be refunded. Line 50 minus Line 51.	52 \$										00

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 ADDRESS OF DECLARING CORPORATION	AMOUNT
2. Merchandise bought for manufacture or sale.....			\$
3. Salaries and wages.....			
4. Other costs per books (attach statement)..... (Additional federal depreciation and additional IRC § 179 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:		Total Dividends	
		Minus deduction for Subpart F Income.	
		\$	
		Minus deduction for dividends received from wholly-owned subsidiary	
		TOTAL (Enter here and on D-20, Line 4.)	
		\$	

Schedule C - Compensation of officers (See specific instructions for Line 11. If more than 3 offices attach additional sheets as needed.)						
Col. 1 Name and Address of Officer	Col. 2 Official Title	Col. 3 Percent of Time Devoted to Business	Percent of Corporation Stock Owned		Col. 6 Amount of Compensation	Col. 7 Expense Account Allowances
			Col. 4 Common	Col. 5 Preferred		
		%	%	%	\$	\$
		%	%	%		
		%	%	%		
TOTAL COMPENSATION OF OFFICERS (Enter here and on D-20, Line 11.)					\$	

Schedule D - Taxes (See specific instructions for Line 16.)			
EXPLANATION	AMOUNT	EXPLANATION	AMOUNT
	\$		\$
		TOTAL (Enter here and on D-20, Line 16.)	\$

Schedule E - Reconciliation of the net income reported on Federal and DC returns			
1. Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return).	\$	7. Total DC taxable income reported (from D-20, Line 36).	\$
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME		NON-TAXABLE INCOME AND ADDITIONAL DEDUCTIONS	
2. Income taxes (see specific instructions for line 16).		8. Net income apportioned or allocated to outside DC.	
3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.		9. Other non-taxable income and additional deductions including NOL (itemize):	
4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.		(a) _____	
5. Other unallowable deductions and additional income (itemize, include additional federal depreciation and additional IRC § 179 expenses).		(b) _____	
(a) _____			
(b) _____			
6. TOTAL of Lines 1-5.	\$	10. TOTAL of Lines 7, 8 and 9.	\$

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.**

	Column 1 TOTAL	Column 2 in DC	Column 3 Factor (Column 2 divided by Column 1)
For all businesses other than financial institutions: 1. SALES FACTOR: All gross receipts of the business other than gross receipts from non-business income.	\$ _____ 00	\$ _____ 00	. _____
For Financial Institutions: 2. SALES FACTOR: All gross income of the financial institution other than gross income from non-business income.	\$ _____ .00	\$ _____ .00	. _____
3. PAYROLL FACTOR: Total compensation paid or accrued by the financial institution.	\$ _____ .00	\$ _____ .00	. _____
4. SUM OF FACTORS: (For Financial Institutions add Lines 2 and 3 of Column 3)			. _____
5. DC APPORTIONMENT FACTOR: For businesses other than financial institutions enter the number from Line 1, Column 3. Enter on D-20, Line 31. For financial institutions divide Line 4, Column 3 by 2. If there are less than two factors, use Line 4, Column 3. Enter on D-20, Line 31.			. _____

Qualified High Technology Companies Tax, Exemption and Credits Schedule (See instructions)

1	Initial Date of Certification as QHTC (MMDDYYYY)	_____
2	Initial Date Of Taxable Income (MMDDYYYY)	_____
3	Cumulative Amount of QHTC Franchise Tax Exemption Previously Used	\$ _____ .00
4	DC taxable income. D-20 Line 38. Fill in if minus: <input type="radio"/>	4 \$ _____ .00
5	Tentative QHTC Franchise Tax 6.0% of Line 4	5 \$ _____ .00
6	3% tax on eligible QHTC capital gains income From Line 4 of Schedule QCGI	6 \$ _____ .00
7	Total QHTC Franchise Tax. Add Line 5 and Line 6.	7 \$ _____ .00
8	Minus nonrefundable credits from Schedule UB, Line 9	8 \$ _____ .00
9	QHTC tax due. Subtract Line 8 from Line 7	9 \$ _____ .00
10	Minus QHTC Franchise Tax Exemption This Return	10 \$ _____ .00
11	Total DC gross receipts from Line '4' MTLGR Worksheet	\$ _____ .00
12	Net tax. Line 9 minus Line 10. 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 44. Complete page 2, Lines 45 through 52.	12 \$ _____ .00
13	Amount of QHTC Franchise Tax Exemption Remaining	\$ _____ .00

Third party designee *To authorize another person to discuss this return with OTR, fill in here* *and enter the name and phone number of that person. See instructions.*

Designee's name _____ Phone number _____

PLEASE SIGN HERE Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.

Officer's signature _____ Title _____ Date _____ Telephone number of person to contact _____

PAID PREPARER ONLY Preparer's signature (if other than taxpayer) _____ Date _____ Firm name _____ Firm address _____

Preparer's PTIN _____

If you want to allow the preparer to discuss this return with the Office of Tax and Revenue fill in the oval.



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. 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
		\$			\$

Supplemental Information

1. STATE OR COUNTRY OF INCORPORATION	2.(a) DATE OF INCORPORATION	2.(b) DATE BUSINESS BEGAN IN DC	3. IRS SERVICE CENTER WHERE FEDERAL RETURN WAS FILED FOR PERIOD COVERED BY THIS RETURN:
4. THE CORPORATION'S BOOKS ARE IN THE CARE OF –		5. LOCATED AT –	
6. During 2019, has the Internal Revenue Service made or proposed any adjustments to your federal income tax return, or did you file any amended returns with the IRS? YES <input type="radio"/> NO <input type="radio"/> If "YES", please submit separately a detailed statement, unless previously submitted, to the address shown on page 9 under Amended returns.		if you have already provided OTR with a detailed statement, enter the date it was sent. <input type="text"/> MM/DD/YYYY	
7. Is this corporation unitary with another entity? <input type="radio"/> YES <input type="radio"/> NO		If yes, explain:	
8. Is this return made on the accrual basis? <input type="radio"/> YES <input type="radio"/> NO		If no, indicate basis used: <input type="radio"/> Cash Basis <input type="radio"/> Other (specify)	
9. Did you file a franchise tax return with DC for the year 2018? <input type="radio"/> YES <input type="radio"/> NO		If no, state reason	
10. Did you withhold DC income tax from wages paid to your DC resident employees during 2019? <input type="radio"/> YES <input type="radio"/> NO		If no, state reason:	
11. Did you file annual information returns, federal forms 1096 and 1099, relating to payment of dividends and interest for 2019? <input type="radio"/> YES <input type="radio"/> NO			
12. (a) Has the business been terminated? <input type="radio"/> YES <input type="radio"/> NO		If yes, explain and give date:	
(b) Have you moved out of DC? <input type="radio"/> YES <input type="radio"/> NO			
13. Did you file an annual ballpark fee return? <input type="radio"/> YES <input type="radio"/> NO			

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 Credit — 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)	\$ _____
<p>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.</p>	

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.



Important: Print in CAPITAL letters using black ink.

NOTE: READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

Worldwide

Taxpayer Identification Number of Designated Agent Taxable year ending MMDDYYYY Number of members in the Combined Group

Name of Designated Agent

Telephone number

Business mailing address line #1

Business mailing address line #2

City

State

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?
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

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.

Enter the number of members in the combined group.

Column A - List the designated agent and all combined members included in the DC Combined Report.

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

City

State

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

Date Ending Tax Period: MMDDYYYY

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.



Important: Read eligibility requirements before completing.
Print in CAPITAL letters using black ink.

OFFICIAL USE ONLY Vendor ID#0002

Taxpayer Identification Number if FEIN if filing a D-20 Return
 if SSN if filing a D-30 Return

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 credit 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 credits towards its real property tax or the qualified rental retail location or the qualified owned retail location is otherwise exempt from real property tax.
- ◆ The credit equals the total Class 2 real property taxes paid by a qualified corporation or qualified unincorporated business for a qualified retail owned location during the taxable year not to exceed \$5,000; or 10% of the total rent paid by a qualified corporation or qualified unincorporated business for a qualified rental retail location not to exceed \$5,000.

1 Amount of federal gross receipts or sales. Do not make claim if \$2.5m or more.	1	\$	<input type="text"/>	.00
2 If tenant, amount of rent paid in taxable year 2019 on qualified retail location.	2	\$	<input type="text"/>	.00
3 Enter the Class 2 property taxes paid in 2019 on qualified owned retail location or 10% of rent paid in taxable year 2019 on qualified rental retail location.	3	\$	<input type="text"/>	.00
4 Property Tax Credit Limit.	4	\$	<input type="text"/> 5 0 0 0	.00
5 Small Retailer Property Tax Relief Credit. Enter the smaller of Line 3 or Line 4 here, and on Schedule UB, Line 11 if incorporated, or Line 21 if unincorporated.	5	\$	<input type="text"/>	.00

6 Owner/Landlord's name

Owner/Landlord's address (number and street)

Telephone number

City State Zip Code +4

7 If Owner, enter information from your real property tax bill or assessment. If a section is blank on your property tax bill, leave it blank here.

Square number Suffix number Lot number

