



Combined Group Members' Schedule

FORE

Important: Print in CAPITAL letters using black ink.

NOTE: READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

														Worldwide													
Ta	axpayer	Identi	ficatio	n Nui	mber	of [Desigr	nated	d Ag	gent		Taxab	ole ye	ar en	ding I	MME	DYY	ΥY		Nun	nber of	men	nbers	in th	ne comb	oine	d group
Name of Designated Agent																			Telephone number								
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Ві	usiness	mailir	ng addr	ess I	ine #	<i>‡</i> 1																					
Business mailing address line #2																											
Ci	ity			Т				Ŧ	Ŧ	T	Ŧ	Т					State		Zip C	code	+ 4						
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	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?			Is the member new to the combined group?				E Was gross income received from District sources?				F Does the member have nexus in DC?		
												□ `	Yes		lo] Ye	s [No		☐ Ye	s [] No		☐ Yes] No
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Note: If more than 14 combined members, continue list on a separate sheet of paper.

