



2021 D-30 Unincorporated Business Franchise Tax Return



Important: Print in CAPITAL letters using black ink.

Taxpayer Identification Number	Fill in 🔿 if FEIN	Number of business loo	ations	OFFICIAL USE ONLY Vendor ID# 0002
	Fill in O if SSN	In DC: Outside	DC:	
Registered Business Name		ending (MMDDYYYY)		Fill inif Amended Return
				Fill inif Combined Report*
Business Mailing Address line #1				*You must fill in the Designated Agent info below
				Fill inif Worldwide** **WorldWide form must be filed with this return
Business Mailing Address line #2				
City			State Zip C	ode + 4
Designated Agent Name			Desig	nated Agent FEIN

								Enter dolla If amount is zero, leave lin	r amounts only. e blank; if minus, e	enter amount	
	1	Gross receipts, minus returns and allowances				1					00
	2	Cost of goods sold (from D-30, Schedule A) and	or operati	ons		2					.00
	3	Gross profit Line 1 minus Line 2		Fill in if minu	s: 🔿	3					00
ME	4	Dividends. Minus Subpart F income (attach statement)				4					00
20	5	Interest (attach statement showing calculations)				5					.00
GROSS INCOME	6	Gross rental income (attach statement)				6					.00
SOS	7	Gross royalties (attach statement)				7					00
9 BR		a) Net capital gain (loss) (attach a copy of your federal) Ordinary gain (loss) from Part II, fed. Form 4797, (8a 8b					00
		Capital gains deferred on federal return due to inv			3.	ол 9					00
	Ī	Qualified Opportunity Fund				<u> </u>					00
	10	Other income (loss) (attach a detailed statement)		Fill in if minus	6: 🔿	10					.00
	IF L	Total gross income. Add Lines 3–10. INE 11 IS \$12,000 OR LESS, YOU ARE NOT REQUIR ess you may need Clean Hands Certification.	ED TO FILE	Fill in if minus THIS RETU		11					.00
	12	Salaries and wages (Do not include owner(s)/member(s))			12					00
	13	Repairs				13					00
	14	Bad debts (attach a copy of any statement filed with yo	our federal re	eturn)		14					00
	15(a) Royalty payments made	\$		00						
		b) Minus nondeductible payments to related entities	\$		00 =	15c	\$				00
		Rent				16					.00
SNC	17	Taxes from D-30, Schedule C				17					00
CTIC	18(a) Interest payments	\$		00						
DEDUCTIONS	(b) Minus nondeductible payments to related entities	\$		00 =	18c	:\$				00
DEI	19	Contributions and/or gifts from D-30, Schedule B				19					00
	20	Amortization (attach a copy of your federal Form 4562	, Part VI)			20					00
		Depreciation (attach a copy of your federal Form 4562 additional IRC 179 expenses or IRC 168(k) depreciation.)	. Do not inc	lude any		21					.00

D-30 FORM, PAGE 2

D	-30	FORM, PAGE 2		
Ta	ахрау	or Name:		
Ta	іхраує	r Identification Number:	11 11 11 11 11 11 11 11 11 11 11 11 11	
TIONS	22	Capital gains deferred due to DC approved investment in DC Qualified Opportunity Fund	22 \$	00
	23	Other allowable deductions from D-30, Schedule G.	23 \$	00
DEDUC	24	Total deductions. Add Lines 12–23.	24 \$	00
	25	Net income Line 11 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
OME	28	DC apportionment factor from D-30, Schedule F, Col 3, Line 2 If Combined Report, from Combined Reporting Schedule 2A, Col. 3, Line 9	28	
TAXABLE INCOME	29	Net income from trade or business apportioned to DC Fill in if minus: O Multiply Line 27 by the factor on Line 28		00
XABL	30	Other income/deductions attributable to DC Fill in if minus: (attach statement)	30 \$	00
(AT	31	Total DC net income (loss)Fill in if minus:Combine Lines 29 and 30Fill in if minus:	31 \$	00
	32	Salary for owner(s) / member(s) services from D-30, Schedule J, Column 4.	32 \$	00
	33	Exemption Maximum is \$5000. Must enter days in DC. \rightarrow 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 Fill in if minus: Line 31minus total of Lines 32 and 33	34 \$	00
		Apportioned NOL deduction (Losses occurring for year 2000 and later.)* *(Losses occurring in tax year 2018 or later are limited to 80%. See instructions.)	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.		00
	38	Minus nonrefundable credits from Schedule UB, Line 20	38 \$	00
	39	Total DC gross receipts from Line '4' from MTLGR worksheet	00	
ITS	40	Net tax. Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M.	40 \$	00
CREDITS	41	Payments:		
CF		(a) Tax paid, if any, with request for an extension of time to file		00 00
AND		(b) Tax paid, if any, with original return if this is an amended return(c) 2021 estimated franchise tax payments		00
		(d) Refundable credits from Schedule UB, Line 22		00
PAYMENTS	42	If this is an amended 2021 return, enter refund requested with original return	1. 42 \$	00
ME	43	Total payments and credits. Add Lines 41(a) through 41(d). Do not include Line 42.	43 \$	00
PAN	44	Estimated tax interest (Fill in oval if D-2220 attached)	44 \$	00
TAX,	45	Total Amount Due. If Line 43 is smaller than the total of Lines 40 and 44, enter amount due Will this payment come from an account outside the U.S.? Yes No See instructions	e. 45 \$	00
	46	Overpayment. If Line 43 is larger than the total of Lines 40 and 44, enter amount overpaid.	46 \$	00
	47	Amount you want to apply to your 2022 estimated franchise tax.	47 \$	00
	48	Amount to be refunded. Line 46 minus Line 47.	48 \$	00

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						
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						
	1					

Schedule B - CONTRIBUTIONS AND/OR GIFTS (See specific instructions for Line 19.)

\$		\$
	TOTAL (Limited to 15% of net income – also enter on D-30, Line 19.)	\$

Schedule C - TAXES (See specific instructions for Line 17.)

Type of Tax	Amount	Type of Tax	Amount			
	\$		\$			
TOTAL						

*

Schedule E - INTEREST EXPENSE (See specific instructions for Line 18.)

	a second seco		
Name and Address of Payee	Amount	Name and Address of Payee	Amount
	\$		\$
TOTAL			\$

*Schedule D has been deleted.

D-30 FORM, PAGE 4										
Taxpayer Name:										
Taxpayer Identification Number:					2 1	0 3		1 4 0		2
Schedule F - DC apportionment factor (See instructions) Not	te: If this	s is a coi	mbined	report do	o not use Sc	hedule F t	o derive the	apportionm	nent factor	for the group.
Leave Schedule F blank. Use Combined Reporting Schedule 2A, I Round cents to the nearest dollar.	Line 9 in	stead.		<u> </u>	rny all facto	rs to six do	cimal places	and truncs	to	
		Colu	mn 1 T		ITY AII IACLU		n 2 in DC			pportionment
1. SALES FACTOR: All gross receipts of the unincorporated business		0014		0		oorann			207	Factor
other than gross receipts from items of non-business income.	\$.00 \$.00	(Column 2	divided by Column 1)
2. DC APPORTIONMENT FACTOR: Column 2 divided by Column 1. Enter on D-30, Line 28.									•	
Schedule G - Other allowable deductions										
	Nature	of Dedu	ction							Amount
										\$
TOTAL (Also enter on D-30, Line 23.)										\$
Schedule H - Income not reported (claimed as nontaxable) (See instructions.)										
	Natu	re of Inco	ome							Amount
										\$
TOTAL										\$
										Ψ
Schedule K - Disregarded Entities (Name and TIN for any sing purposes, whose income is included in the income reported or	gle men	nber lim	ited lia	bility co	mpany tha	t is treate	d as a disre	egarded ent See instruc	tity for Dis	trict franchise tax
Disregarded Entity Name		ium, an			ig Dusilies:			IN	10115.7	
Third party designee To authorize another person to discuss this	s return v	with OTR	?, fill in	here 🤇) and enter			number of t	hat person:	. See instructions.
Designee's name		4k - k 4 -		uladas it	is serviced. De	Phone r				
PLEASE Under penalties of law, I declare that I have examined this return SIGN	rn and, to	the best c	т ту кпо	wiedge, it	is correct. De	claration of p	aid preparer i	s based on the	3 Information	available to the prepare
HERE	T:41.							Telephone	e number of p	person to contact
Officer's signature	Title				Date					
PAID PREPARER Preparer's signature (if other than taxpayer)		Date			Firm name	9		Firm a	ddress	
ONLY							the preparer			
Preparer's PTIN Email Address					with th	e Office of Ta	ax and Revenu	e fill in the ov	al. 🔵	

D-30 FORM, PAGE 5

Taxpayer Name: _



Тах	payer Identification Number:		2 1 0 3 0 0 1 5 0 0 0 2			
Sc	hedule I - BALANCE SHEETS (See Instructions.)	Beginning of Taxable Year	End o	f Taxable Year		
		(A) Amount	(B) Total	(A) Amount	(B) Total	
	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, et	tc				
	5. Other current assets (attach statement)			-		
	6. Mortgage and real estate loans			-		
ETS	7. Other investments (attach statement)					
SSE	8. Buildings and other fixed depreciable assets		_		-	
Å	(a) MINUS: Accumulated depreciation					
	9. Depletable assets		_			
	(a) MINUS: Accumulated depletion					
	10. Land (net of any amortization)					
	11. Intangible assets (amortizable only)		_		-	
Å	(a) MINUS: Accumulated amortization					
CAPITAL	12. Other assets (attach statement)					
S	13. TOTAL ASSETS		_			
	14. Accounts payable					
AND	15. Mortgages, notes, bonds payable in less than 1 year	ar.		-		
С С	16. Other current liabilities (attach statement)			_		
E	17. Mortgages, notes, bonds payable in 1 year or more	s.		_		
LIABILITIES	18. Other liabilities (attach statement)			_		
IAI	19. Capital stock			_		
-	20. TOTAL LIABILITIES AND CAPITAL					

chedule J - DISTRIBUTION AND RECONCILIATION OF NET INCOME (OR LOSS)									
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		olained	Do Sources	from Outside DC	the Unincorporated Business (Add Cols. 4 thru 7)	
		%	%	\$	\$	\$	\$	\$	
TOTAL				\$	\$	\$	\$	\$	
Col. 4 - See Instructions. Col. 5 - See Instructions.				Enter total taxab	30.	\$			
Col. 6 - Any loss amount from Line 31 of D-30. Col. 7 - Enter the difference between Line 25 and Line 31 of D-30.				Net income of U outside DC (fron	\$				

D-30 FORM, PAGE 6

Taxpayer Name:

Taxpayer Identification Number:

SUPPLEMENTAL INFORMATION							
1. During 2021, has the Internal Revenue Service made or pro-	2. PR	RINCIP	AL BL	JSINESS ACTIVITY	3.	DATE BUSINESS BEGAN	
posed any adjustments to your federal income tax returns, or did you file any amended returns with the Internal Revenue Service?					_		
Yes No	4. IF	BUSIN	IESS I	HAS TERMINATED. STATE	REASON	5.	TERMINATION DATE
If "Yes", submit separately an amended Form D-30 and a de- tailed statement, concerning adjustments, to the Office of Tax	6. TY	PE OF	OWN	ERSHIP (sole proprietor, p	artnership, etc.)		
and Revenue, See instructions for address.							
7. Place where federal income tax return for period covered by this	return wa	as filec	4:				
8. Name(s) under which federal return for period covered by this ret	turn was	filed:					
9. Have you filed annual Federal Information Returns, (forms 1096 and 1099) pertaining to compensation payments for 2021	? Ye	es	No	If no, please state r	eason:		
10. Is this return reported on the accrual basis?	Yes	No	lf no	, fill in the method used:	Cash basis		
11. Did you withhold DC income tax from the wages	Yes	No	lf no	, state reason:			
of your DC employees during 2021?				-			
				-			
12. Did you file a franchise tax return for the business with the District of Columbia for the year 2020?	Yes	No	lf no	, state reason:			
If yes, enter name under which return was filed:							
				-			
13. Does this return include income from more than one business	Yes	No					
conducted by the taxpayer? (If yes, list businesses and net income (loss) of each.)			-				
14. Is income from any other business or business interest owned by the proprietors of this business being reported	Yes	No					
in a separate return? (If yes, list names and addresses of the other businesses.)							
			-				
			-				
15. (a) Is this business unitary with a partnership or another	Yes	No	lf y	es, explain:			
corporation?							
			ĺ				
(b) Is this business unitary with a combined group?	Yes	No	lf y	es, explain:			
			-				
16. Did you file an appual balloark for return?	Vee	No					
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.

Taxpayer Identification Number Fill in if FEIN Fill in if filing a D-20 Returned Image: Second	
D-20 Return	
Nonrefundable Credits (Nonrefundable Credits may not be applied against the required minimum ta	x)
1 Economic Development Zone Incentives Credits (see worksheet).	1 \$.00
2 Qualified High Technology Company Credits from Part D, Line 4a, 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 \$
5 Enter alternative fuel credits. See instructions	
5a Alternative fuel infrastructure.	
# of stations 5b Alternative fuel vehicle conversion. # of vehicles	
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 \$
8 DC Low-Income Housing Tax Credit (see instructions). # of employees	8 \$
9 Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 38.	9 \$.00
Refundable Credits	
10 RESERVED	10 \$.00
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 ta	
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 \$.00
16 Enter alternative fuel credits. See instructions	
16a Alternative fuel infrastructure.	
16b Alternative fuel vehicle conversion. # of vehicles	
17 Total alternative fuel credits. Add Lines 16a and 16b only and enter here.	17 \$00
18 Employer-assisted Home Purchase Tax Credit (see computation on reverse side). 18a	18 \$.00
19 DC Low-Income Housing Tax Credit (see instructions).# of employees	19 \$.00
20 Total the nonrefundable D-30 credits, enter here and on Form D-30, Line 38.	20 \$.00
Refundable Credits	
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 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	\$

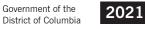
*Line 3 of Schedule UB for D-20 filers Line 14 of Schedule UB for D-30 filers

Employer-Assisted Home Purchase Tax Credit — 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.





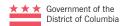
Combined Group Members' Schedule NOTE: READ INSTRUCTIONS BEFORE Important: Print in CAPITAL letters using black ink.

COMPLETING THIS FORM



				O Worldwid	е
Taxpayer Identification Number of	Designated Agent	Taxable year ending N	MMDDYYYY N	umber of members in	the combined group
Name of Designated Agent			Т	elephone number	
Business mailing address line $#1$					
Business mailing address line #2					
City			State Zip Coo		
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?
		🗌 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
		☐ 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.





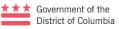
Taxpayer Identification Number of Designated Agent	Taxable Year YYYY	O Worldwide
Name of Designated Agent		Telephone number
Business address line #1		
Business address line #2		
City	State	Zip code +4
In accordance with the provisions of DC Official Code	§ 47-1810.07 and t	ne combined reporting regulations, election is
hereby made to report on a worldwide unitary combir		
• A worldwide unitary combined reporting election is b thereafter for a period of ten years.	inding for and applica	able to the tax year it is made and all years
• It may be withdrawn or reinstituted after withdrawal, request for reasonable cause based on extraordinary policy and only with the written permission from the	hardship due to unfor	reseen changes in DC tax statutes, law or
• Upon the expiration of the ten-year period, a taxpaye election.	r may withdraw from	the worldwide unitary combined reporting
• Withdrawal must be made in writing within one year years, subject to the same conditions as applied to the		ne election and is binding for a period of ten
Date Beginning Tax Period: MMDDYYYY	Date Endir	ng Tax Period: MMDDYYYY
	Dute Endi	

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.



	SCHEDULE SR	Smal	l Retailer
-	Property Tax	Relief	Credit



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

2021

	OF	FICIAL USE	only Ve	endor	D#00	02			
Taxpayer Identification Number Fill in O if FEIN Fill i	in 🔵 if filing a	D-20 Ret	urn						
Fill in if SSN Fill i	in 🔵 if filing a	D-30 Ret							
Enter your business name			Sa	les and	l Use T	ax Acc	ount l	lumb	er
Mailing address (number, street and suite number if applicable)									
City		State	Zip Co	de +4					
Address of Class 2 DC Property (number, street and suite number if applicable) f	for which you are clair	ming the crea	dit if differe	ent from	above				
City		State	Zip Co	de +4					
Certificate of Occupancy Permit Number									
If member of a Combined Group, Taxpayer Identification Numl	ber of Designated	Agent							
 Do not claim this credit if your qualified business is exern tax or the qualified rental retail location or the qualified of 									
tax.			.1101 W150	CXCIII	pt non	i ieai j	Jiope	Ly	
The evadit equals the total Class 2 year evanetty toyon a			ation or	au al if	امريا الم				
 The credit equals the total Class 2 real property taxes pa business for a qualified retail owned location during the 									
paid by a qualified corporation or qualified unincorporat									
	ted business for	a quaim	eu renta	Teta	i iocuti			LEEU	
\$5,000.	ted business for	a quaim		li ietai	riocati			Leeu	
		-	1 \$		Tiocuti			Leeu	.00
\$5,000. 1 Amount of federal gross receipts or sales. Do not make clain	im if \$2.5m or m	nore.	1\$		l			leeu	.00
\$5,000.	im if \$2.5m or m	nore.						ceeu	
 \$5,000. 1 Amount of federal gross receipts or sales. <i>Do not make clain</i> 2 If tenant, amount of rent paid in taxable year 2021 on q 3 Enter the Class 2 property taxes paid in 2021 on qualified on 	im if \$2.5m or m qualified retail loo owned retail locati	nore. cation.	1\$ 2\$.00
 \$5,000. 1 Amount of federal gross receipts or sales. <i>Do not make clain</i> 2 If tenant, amount of rent paid in taxable year 2021 on quant 	im if \$2.5m or m qualified retail loo owned retail locati	nore. cation.	1\$.00 .00 .00
 \$5,000. 1 Amount of federal gross receipts or sales. <i>Do not make clain</i> 2 If tenant, amount of rent paid in taxable year 2021 on q 3 Enter the Class 2 property taxes paid in 2021 on qualified on 	im if \$2.5m or m qualified retail loo owned retail locati	nore. cation. on	1\$ 2\$.00
 \$5,000. 1 Amount of federal gross receipts or sales. <i>Do not make clain</i> 2 If tenant, amount of rent paid in taxable year 2021 on qualified or or 10% of rent paid in taxable year 2021 on qualified rental re 4 Property Tax Credit Limit. 	im if \$2.5m or m qualified retail loo owned retail locati retail location.	nore. cation. on	1 \$ 2 \$ 3 \$ 4 \$.00 .00 .00 .00 .00
 \$5,000. 1 Amount of federal gross receipts or sales. <i>Do not make clain</i> 2 If tenant, amount of rent paid in taxable year 2021 on q 3 Enter the Class 2 property taxes paid in 2021 on qualified on or 10% of rent paid in taxable year 2021 on qualified rental ren	im if \$2.5m or m qualified retail loo owned retail locati retail location. of Line 3 or Line 4	nore. cation. on	1 \$ 2 \$ 3 \$.00 .00 .00
 \$5,000. 1 Amount of federal gross receipts or sales. <i>Do not make clain</i> 2 If tenant, amount of rent paid in taxable year 2021 on qualified or or 10% of rent paid in taxable year 2021 on qualified rental rent 4 Property Tax Credit Limit. 5 Small Retailer Property Tax Relief Credit. Enter the smaller of and on Schedule UB, Line 11 if incorporated, or Line 21 if ur 	im if \$2.5m or m qualified retail loo owned retail locati retail location. of Line 3 or Line 4	nore. cation. on	1 \$ 2 \$ 3 \$ 4 \$.00 .00 .00 .00 .00
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