



Important: Print in CAPITAL letters using black ink.

Year of 10 Year Worldwide Election

Taxpayer Identification Number (TIN) Tax Year Ending (MMDDYYYY)

Designated agent or member's name

Business mailing address #1

City State Zip Code + 4

Type of Entity: Corporation Unincorporated Business Financial Institution Non-Nexus Member **Fill in all that apply**

OFFICIAL USE ONLY Vendor ID# 0000

Fill in if Water's Edge
Fill in if Worldwide
Fill in if fiscalized

This Schedule shall be completed by each member and the Designated Agent

| Description | Designated Agent and/or Members |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 1 Gross receipts, minus returns and allowances | 1 \$ |
| 2 Cost of goods sold. (from Schedule A). | 2 \$ |
| 3 Gross profit from sales and/or operations. <i>Line 1 minus Line 2</i> Fill in if minus: <input type="radio"/> | 3 \$ |
| 4 Dividends. <i>Attach statement.</i> | 4 \$ |
| 5 Interest. <i>Attach statement.</i> | 5 \$ |
| 6 Gross rental income from D-20 Schedule I and/or D-30, Line 6. | 6 \$ |
| 7 Gross royalties. <i>Attach statement.</i> | 7 \$ |
| 8 (a) Net capital gain (loss). <i>Attach copy of federal Form 1120, Schedule D</i> Fill in if minus: <input type="radio"/> | 8a \$ |
| (b) Ordinary gains (loss). <i>Attach copy of federal Form 4797.</i> Fill in if minus: <input type="radio"/> | 8b \$ |
| 9 Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund | 9 \$ |
| 10 Other income (loss). <i>Attach statement.</i> Fill in if minus: <input type="radio"/> | 10 \$ |
| 11 Total gross income. Add Lines 3 - 10 Fill in if minus: <input type="radio"/> | 11 \$ |
| 12 Compensation of officers from Form D-20, Schedule C | 12 \$ |
| 13 Salaries and wages | 13 \$ |
| 14 Repairs | 14 \$ |
| 15 Bad debts | 15 \$ |
| 16 Rent | 16 \$ |
| 17 Taxes from Form D-20, Schedule D and/or Form D-30, Schedule C | 17 \$ |
| 18 (a) Interest payments. \$ <input type="text"/> .00 | |
| (b) Minus nondeductible payments to related entities \$ <input type="text"/> .00 = | 18c \$ |
| 19 Contributions and/or gifts. <i>Attach statement.</i> | 19 \$ |
| 20 Amortization. <i>Attach copy of your federal Form 4562.</i> | 20 \$ |
| 21 Depreciation. <i>Attach copy of your federal Form 4562. Do not include any additional IRC 179 expenses and IRC 168(k) depreciation.</i> | 21 \$ |
| 22 Depletion. <i>Attach statement and copy of federal Form 4562.</i> | 22 \$ |
| 23 (a) Royalty payments made. \$ <input type="text"/> .00 | |
| (b) Minus non-deductible payments to related entities \$ <input type="text"/> .00 = | 23c \$ |
| 24 Pension, profit-sharing plans | 24 \$ |
| 25 Capital gains deferred due to DC approved investment in a DC Qualified Opportunity Fund | 25 \$ |
| 26 Other deductions. <i>Attach statement.</i> | 26 \$ |



Taxpayer Identification Number (TIN): _____

Name of Designated Agent: _____

This Schedule shall be completed by each member and the Designated Agent

| Description | Designated Agent and/or Members |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| 27 Total deductions. <i>Add Lines 12-26.</i> | 27 \$ |
| 28 Net income. <i>Line 11 minus 27.</i> Fill in if minus: <input type="radio"/> | 28 \$ |
| 29 (a) Non-business income/state adjustment. <i>Attach statement.</i> Fill in if minus: <input type="radio"/> | 29a \$ |
| (b) Expense related to non-business income. <i>Attach statement.</i> | 29b \$ |
| (c) 29(a) minus 29(b). Fill in if minus: <input type="radio"/> | 29c \$ |
| 30 Net income subject to apportionment. <i>Line 28 minus Line 29(c).</i> Fill in if minus: <input type="radio"/> | 30 \$ |
| 31 DC apportionment factor. <i>Combined Reporting Schedule 2B, Line 9</i> | 31 \$ |
| 32 Net income from trade or business apportioned to DC. <i>Line 30 from Combined Reporting Schedule 1A, multiplied by Line 31 factor.</i> Fill in if minus: <input type="radio"/> | 32 \$ |
| 33 Other income/deductions attributable to DC: <i>UB: Partner: Add your distributive share of post-apportioned salary allowance from the D30 Line 32: _____</i> <i>UB: Partner: Add your distributive share of post-apportioned exemption from the D30 Line 33: _____</i> Fill in if minus: <input type="radio"/> | 33 \$ |
| 34 Total taxable income before apportioned NOL deduction. <i>Line 32 plus or minus Line 33. (Attach statement.)</i> <i>UB: Subtract salary allowance: _____</i> <i>UB: Subtract exemption: _____</i> Fill in if minus: <input type="radio"/> | 34 \$ |
| 35 Apportioned NOL deduction. <i>(Loss occurring in year 2000 and later)*</i> <i>*(Losses occurring in tax year 2018 or later are limited to 80%. See instructions).</i> | 35 \$ |
| 36 DC taxable income. <i>Line 34 minus Line 35</i> Fill in if minus: <input type="radio"/> | 36 \$ |
| 37 Tax. <i>8.25% of Line 36.</i> | 37 \$ |
| 38 Minus nonrefundable credits, from Schedule UB, Line 9. | 38 \$ |
| 39 Total DC gross receipts. <i>Attach Minimum Tax Liability Gross Receipts worksheet.</i> | 39 \$ |
| 40 Net tax, <i>Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts are \$1M or less. The minimum tax is \$1,000 if DC gross receipts are greater than \$1M per member.</i> | 40 \$ |
| 41 Payments and refundable credits: | |
| a) Tax paid with request for an extension of time to file | 41a \$ |
| b) Paid with the original return if this is an amended return | 41b \$ |
| c) Total 2021 estimated franchise tax payments. | 41c \$ |
| d) Refundable credits. | 41d \$ |
| 42 If this is an amended 2021 return, enter refund requested with original return. | 42 \$ |
| 43 Total payments and credits. <i>Add Lines 41(a) through 41(d). Do not include Line 42.</i> | 43 \$ |
| 44 Estimated tax interest | 44 \$ |
| 45 Total amount due. <i>If Line 43 is smaller than the total of Lines 40 and 44, enter amount due.</i> | 45 \$ |
| 46 Overpayment. <i>If Line 43 is larger than the total of Lines 40 and 44 enter amount overpaid.</i> | 46 \$ |
| 47 Amount you want to apply to your 2022 estimated franchise tax. | 47 \$ |
| 48 Amount to be refunded. <i>Line 46 minus Line 47.</i> | 48 \$ |