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OFFICIAL USE ONLY
Vendor ID# 0002

Important: Print in CAPITAL letters using black ink.
Attach to your Form D-20 or D-30.

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

Enter your business name

D-20 Return

Nonrefundable Credits (Nonrefundable Credits may not be applied against the required minimum tax)

1	Economic Development Zone Incentives Credits (see worksheet).	1	\$	<input type="text"/>	00
2	Qualified High Technology Company Credits from Part D, Line 4a, DC Form D-20CR.	2	\$	<input type="text"/>	00
3	Organ and Bone Marrow Donor Credit (see computation on reverse side).	3	\$	<input type="text"/>	00
4	Job Growth Incentive Act	4	\$	<input type="text"/>	00
5	Enter alternative fuel credits. See instructions				
	5a Alternative fuel infrastructure.	<input type="text"/>	\$	<input type="text"/>	00
		# of stations			
	5b Alternative fuel vehicle conversion.	<input type="text"/>	\$	<input type="text"/>	00
		# of vehicles			
6	Total alternative fuel credits. Add Lines 5a and 5b only and enter here.	6	\$	<input type="text"/>	00
7	Employer-assisted Home Purchase Tax Credit (see computation on reverse side). 7a <input type="text"/>	7	\$	<input type="text"/>	00
		# of employees			
8	DC Low-Income Housing Tax Credit (see instructions).	8	\$	<input type="text"/>	00
9	Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 38.	9	\$	<input type="text"/>	00

Refundable Credits

10	RESERVED	10	\$	<input type="text"/>	00
11	Small Retailer Property Tax Relief Credit	11	\$	<input type="text"/>	00
12	Total the refundable D-20 credits, enter here and on Form D-20, Line 41(d).	12	\$	<input type="text"/>	00

D-30 Return

Nonrefundable Credits (Nonrefundable Credits may not be applied against the required minimum tax)

13	Economic Development Zone Incentives Credit (see worksheet).	13	\$	<input type="text"/>	00
14	Organ and Bone Marrow Donor Credit (see computation on reverse side)	14	\$	<input type="text"/>	00
15	Job Growth Incentive Act	15	\$	<input type="text"/>	00
16	Enter alternative fuel credits. See instructions				
	16a Alternative fuel infrastructure.	<input type="text"/>	\$	<input type="text"/>	00
		# of stations			
	16b Alternative fuel vehicle conversion.	<input type="text"/>	\$	<input type="text"/>	00
		# of vehicles			
17	Total alternative fuel credits. Add Lines 16a and 16b only and enter here.	17	\$	<input type="text"/>	00
18	Employer-assisted Home Purchase Tax Credit (see computation on reverse side). 18a <input type="text"/>	18	\$	<input type="text"/>	00
		# of employees			
19	DC Low-Income Housing Tax Credit (see instructions).	19	\$	<input type="text"/>	00
20	Total the nonrefundable D-30 credits, enter here and on Form D-30, Line 38.	20	\$	<input type="text"/>	00

Refundable Credits

21	Small Retailer Property Tax Relief Credit	21	\$	<input type="text"/>	00
22	Total the refundable D-30 credits, enter here and on Form D-30, Line 41(d).	22	\$	<input type="text"/>	00

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;" 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.