



Important: Print in CAPITAL letters using black ink.

Year of 10 Year Worldwide Election

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

Name of Designated Agent

Business mailing address #1

City State Zip Code + 4

Type of Entity: Corporation Unincorporated Business Financial Institution **Fill in all that apply**

OFFICIAL USE ONLY
Vendor ID# 0002

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

Description		Total Before Eliminations (Fill in Oval if Minus)	Intercompany Eliminations and other District specific additions or subtractions (Fill in Oval if Minus)	Combined Group Report (Fill in Oval if Minus)
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. Line 1 minus Line 2.	3	<input type="radio"/> \$	<input type="radio"/> \$	<input type="radio"/> \$
4 Dividends. Attach statement.	4	\$	\$	\$
5 Interest. Attach statement.	5	\$	\$	\$
6 Gross rental income from D-20 Schedule I and/or D-30, Line 6.	6	\$	\$	\$
7 Gross royalties. Attach statement.	7	\$	\$	\$
8 (a) Net capital gain (loss). Attach copy of federal Form 1120, Schedule D.	8a	<input type="radio"/> \$	<input type="radio"/> \$	<input type="radio"/> \$
(b) Ordinary gains (loss). Attach copy of federal Form 4797.	8b	<input type="radio"/> \$	<input type="radio"/> \$	<input type="radio"/> \$
9 Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund	9	\$	\$	\$
10 Other income (loss). Attach statement.	10	<input type="radio"/> \$	<input type="radio"/> \$	<input type="radio"/> \$
11 Total gross income. Add Lines 3 - 10.	11	<input type="radio"/> \$	<input type="radio"/> \$	<input type="radio"/> \$
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. Attach statement.	19	\$	\$	\$
20 Amortization. Attach copy of your federal Form 4562.	20	\$	\$	\$
21 Depreciation. Attach a copy of your federal Form 4562. Do not include any additional IRC 179 expenses and IRC 168(k) depreciation.	21	\$	\$	\$
22 Depletion. Attach statement and copy of federal Form 4562.	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	\$	\$	\$



Taxpayer Identification Number (TIN): _____

Name of Designated Agent: _____

Description	Total Before Eliminations	Intercompany Eliminations and other District specific additions or subtractions	Combined Group Report
26 Other deductions. <i>Attach statement.</i>	26	\$	\$
27 Total deductions. <i>Add Lines 12-26.</i>	27	\$	\$
28 Net income. <i>Line 11 minus Line 27.</i>	28	○ \$	○ \$
29 (a) Non-business income/state adjustment. <i>Attach statement.</i>	29a	○ \$	○ \$
(b) Expense related to non-business income. <i>Attach statement.</i>	29b	\$	\$
(c) 29(a) minus 29(b)	29c	○ \$	○ \$
30 Net income subject to apportionment. <i>Line 28 minus Line 29(c).</i>	30	○ \$	○ \$
31 DC apportionment factor. <i>Combined Reporting Schedule 2A, Line 9</i>	31		
32 Net income from trade or business apportioned to DC. <i>Line 30 multiplied by Line 31 factor.</i>	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>	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>	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>	36		○ \$
37 Tax 8.25% of Line 36	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 2022 estimated franchise tax payments	41c		\$
d) Refundable credits	41d		\$
42 If this is an amended 2022 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 2023 estimated franchise tax.	47		\$
48 Amount to be refunded. <i>Line 46 minus Line 47.</i>	48		\$