



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# 0002

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

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. Line 1 minus Line 2. <span style="float: right;">Fill in if minus: <input type="radio"/></span>	3 \$
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. <span style="float: right;">Fill in if minus: <input type="radio"/></span>	8a \$
	(b) Ordinary gains (loss). Attach copy of federal Form 4797. <span style="float: right;">Fill in if minus: <input type="radio"/></span>	8b \$
9	Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund	9 \$
10	Other income (loss). Attach statement. <span style="float: right;">Fill in if minus: <input type="radio"/></span>	10 \$
11	Total gross income. Add Lines 3 - 10 <span style="float: right;">Fill in if minus: <input type="radio"/></span>	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 <span style="float: right;">\$ <input type="text"/> .00</span>	
	(b) Minus nondeductible payments to related entities <span style="float: right;">\$ <input type="text"/> .00 =</span>	18c \$
19	Contributions and/or gifts. Attach statement.	19 \$
20	Amortization. Attach copy of your federal Form 4562.	20 \$
21	Depreciation. Attach copy of your federal Form 4562. <i>Do not include any additional IRC 179 expenses and IRC 168(k) depreciation.</i>	21 \$
22	Depletion. Attach statement and copy of federal Form 4562.	22 \$
23	(a) Royalty payments made <span style="float: right;">\$ <input type="text"/> .00</span>	
	(b) Minus non-deductible payments to related entities <span style="float: right;">\$ <input type="text"/> .00 =</span>	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. Attach statement.	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 <b>DC taxable income.</b> <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 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 \$