* * *	Government of the District of Columbia
	District of Columbia

Revised 09/2023

D-20	Corporation
	Eropobico Toy D

Franchise Tax Return



Important: Print in CAPITAL letters using black ink.

2023

In DC: Outside DC:		Тахр	payer Identification Number (TIN)		Number o	f business I	locations	Tax p	period end	ing (MMDDYYYY)	_	OFFICIAL USE ONLY
Name of corporation         File         If all or additional for the statement of t				In DC:		Outside DC						Vendor ID# 0002
Basines maling address #1         If is a Refer           Business maling address #2         If is a Refer           Business maling address #2         If is a Refer           Business maling address #2         If is a Refer           Designated Agent Name         Designated Agent Name           Designated Agent Name         Designated Agent Name           If is a Refer         If is a Refer           Perspected Agent Name         Designated Agent Name           Designated Agent Name         Designated Agent Name           If is a Refer         If is a Refer           If is a Refer         If is a Refer           If is a Refer         If is a Refer           Designated Agent Name         Designated Agent Name           If is a Refer         If is a Refer           If is a Refer <t< td=""><td></td><td>Nam</td><td>ne of corporation</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>Fill in</td><td>if QHTC located in DC Ballpark TIF Are</td></t<>		Nam	ne of corporation								Fill in	if QHTC located in DC Ballpark TIF Are
Bolines mailing addres #1         Fill in if Carlied GHTC           Fill in if Carlied GHTC         Fill in if Carlied GHTC           Fill in if Carlied GHTC         Fill in if Carlied GHTC           Fill in if Carlied GHTC         Fill in if Carlied GHTC           Fill in if Carlied GHTC         Fill in if Carlied GHTC           Fill in if Carlied GHTC         Fill in if Carlied GHTC           Fill in if Carlied GHTC         Fill in if Carlied GHTC           Fill in if Carlied GHTC         Fill in if Carlied GHTC           Fill in if Carlied GHTC         Fill in if Carlied GHTC           Fill in if Carlied GHTC         Fill in if Carlied GHTC           Fill in if Carlied GHTC         Fill in if Carlied GHTC           Fill in if Carlied GHTC         Fill in if Carlied GHTC           Fill in if Carlied GHTC         Fill in if Carlied GHTC           Fill in if Carlied GHTC         Fill in if Carlied GHTC           GT Gross recelpts, minus returns and allowances         I           GT Gross recelpts, minus Line 2         GT GT GT GT GHTC           GT Gross recelpts, minus Line 2         GT GT GT GT GT GT GT GT GHTC           GT Gross repatilis for the GHTC         Fill in if minus           GT Gross repatilis (attach statement)         GT GT GT GT GT GT GHTC           GT G												
Business mailing addross #2         The in if Continue Report         The in if Continue Report           Ory         State         Zip Code + 4         "Normal Hill to Despited Agent No boow Fill in"." If Address           0         State         Zip Code + 4         "Normal Hill to Despited Agent No           0         FEAD INSTRUCTIONS BEFORE PREPARING RETURN * (Is elected new southers letters, per instructers)         If and the address in the state with the state           0         Gross recepts, minus returns and allowances         1         S         OOO           2         Code of goods sold (from D=20) Schedule A) and/or operations         2         S         OOO           3         Gross protifit from sales and/or operations         Fill in if minus:         3         S         OOO           4         Dividends from from D=20, Schedule I, Calumn 3, Line 6         S         OOO         OO           5         Interest (attach statement)         7         S         OOO         OO           9         Cospital gain (des) (attach cate) or op of voor federal Schedule D)         Fill in if minus:         10         S         OOO           10         Officinal gains deferred on federal return due to investment in a federal         9         OOO         OOO           10         Otherinonem (Liss) (atach statement)         Fill		Busin	ness mailing address #1									
The Designated Agent Name												
Only         State         Z/p Code + 4         "Workdate term must be filled with the network of the netw		Busi	ness mailing address #2							*		<u> </u>
City       State       2/p Cose + 4         Designated Agent Tim       Designated Agent Tim         •FEAD INSTRUCTIONS BEFORE PREPARING RETURN•       Iterations endower from the term of the term of the term of the term of t												
PREAD INSTRUCTIONS BEFORE PREPARING RETURN* (to allocate non-business iters, see instructions)       Ender Obler amounds only (transition terms)         1       Gross receipts, minus returns and allowances       1       S       000         2       Cost of goods sold (from D-20 Schedule A) and/or operations (tatch statement)       1       S       000         2       Gross profit from seles and/or operations       Fill in if minus:       3       S       000         3       Gross profit from seles and/or operations       Fill in if minus:       3       S       000         4       Dividends from form D-20, Schedule B       4       S       000       000         5       Interest (attach statement)       5       S       000       000         6       Gross royalities (attach statement)       5       S       000         6       Gross royalities (attach statement)       7       S       000         9       Capital gain (loss) (attach acopy of your federal Schedule D)       Fill in if minus:       10       S       000         9       Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund       10       S       000       000         10       Other informe (Loss) (attach statement)       Fill in if minus:       11		City						S	tate	Zip Code + 4	*Worldwide f	orm must be filed with this return
PREAD INSTRUCTIONS BEFORE PREPARING RETURN* (to allocate non-business iters, see instructions)       Ender Obler amounds only (transition terms)         1       Gross receipts, minus returns and allowances       1       S       000         2       Cost of goods sold (from D-20 Schedule A) and/or operations (tatch statement)       1       S       000         2       Gross profit from seles and/or operations       Fill in if minus:       3       S       000         3       Gross profit from seles and/or operations       Fill in if minus:       3       S       000         4       Dividends from form D-20, Schedule B       4       S       000       000         5       Interest (attach statement)       5       S       000       000         6       Gross royalities (attach statement)       5       S       000         6       Gross royalities (attach statement)       7       S       000         9       Capital gain (loss) (attach acopy of your federal Schedule D)       Fill in if minus:       10       S       000         9       Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund       10       S       000       000         10       Other informe (Loss) (attach statement)       Fill in if minus:       11												
1       Gross recipits, minus returns and allowances       1       S       000         2       Cost of goods sold (from D-20 Schedule A) and/or operations       3       S       000         3       Gross recipits, minus returns and allowances       2       S       000         3       Gross recipits, minus returns and allowances       2       S       000         3       Gross profit from sales and/or operations       Fill in it minus:       3       S       000         5       Interest (attach statement)       5       S       000       000         6       Gross rental income from D-20, Schedule I, Column 3, Line 6       6       S       000       000         7       Gross rental income from D-20, Schedule I, Column 3, Line 6       6       S       000       000         8(a) N2 capital gain (loss) (tatch a copy of your federal Schedule D) Fill in if minus:       8(a) S       000       000         9       Capital gain (ass) (tatch a copy of your federal Schedule D) Fill in if minus:       10       S       000         10       Other income (loss) (atch atstatement)       Fill in if minus:       11       S       000         11       Takes from Form D-20, Schedule C       12       S       000       000         12 <td></td> <td>Desig</td> <td>gnated Agent Name</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Designated Ager</td> <td>nt TIN</td> <td></td>		Desig	gnated Agent Name							Designated Ager	nt TIN	
1       Gross recipits, minus returns and allowances       1       S       000         2       Cost of goods sold (from D-20 Schedule A) and/or operations       3       S       000         3       Gross recipits, minus returns and allowances       2       S       000         3       Gross recipits, minus returns and allowances       2       S       000         3       Gross profit from sales and/or operations       Fill in it minus:       3       S       000         5       Interest (attach statement)       5       S       000       000         6       Gross rental income from D-20, Schedule I, Column 3, Line 6       6       S       000       000         7       Gross rental income from D-20, Schedule I, Column 3, Line 6       6       S       000       000         8(a) N2 capital gain (loss) (tatch a copy of your federal Schedule D) Fill in if minus:       8(a) S       000       000         9       Capital gain (ass) (tatch a copy of your federal Schedule D) Fill in if minus:       10       S       000         10       Other income (loss) (atch atstatement)       Fill in if minus:       11       S       000         11       Takes from Form D-20, Schedule C       12       S       000       000         12 <td></td>												
2       Cost of goods sold (from D-20 Schedule A) and/or operations (attach statement)       2       \$       00         3       Gross profit from sales and/or operations Line A       Fill in it minus:       3       3       00         4       Dividends from Form D-20, Schedule B       4       \$       00       00         5       Interest (attach statement)       5       \$       00       00         6       Gross provalities (attach statement)       7       \$       00       00         8       Net capital gain (coss) (attach a copy of your federal Schedule D) Fill in if minus:       8(a)       0       00         9       Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund       9       00       00         10       Other income (loss) (attach statement)       Fill in if minus:       10       \$       00         12       Compensation of officers from Form D-20, Schedule C       12       \$       00       00         13       Salaries and wages       13       \$       00       00       00         14       Repairs       14       \$       00       00       00       00         14       Repairs       14       \$       00       00 <t< td=""><td></td><td>•RE/</td><td>AD INSTRUCTIONS BEFORE PREPAI</td><td>RING RETURN•</td><td>(To allocate</td><td>non-business</td><td>s Items, see insti</td><td>uctions)</td><td>I</td><td></td><td></td><td>minus, enter amount and fill in oval.</td></t<>		•RE/	AD INSTRUCTIONS BEFORE PREPAI	RING RETURN•	(To allocate	non-business	s Items, see insti	uctions)	I			minus, enter amount and fill in oval.
1000000000000000000000000000000000000		1	Gross receipts, minus returns	s and allowand	ces				1 \$			
3       Gross profit from sales and/or operations       Fill in it minus:       3       \$       00         30       A       Dividends from Form D-20, Schedule B       4       \$       00         5       Interest (attach statement)       5       \$       00         6       Gross rental income from D-20, Schedule I, Column 3, Line 6       6       \$       0       000         7       Gross royalties (attach statement)       7       \$       0       000         8(a) Net capital gain (loss) (attach acopy of your federal Schedule D) Fill in if minus:       8(a) \$       0       000         9       Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund       10       \$       000       000         10       Other income (loss) (attach statement)       Fill in if minus:       10       \$       0       000         12       Compensation of officers from Form D-20, Schedule C       12       \$       0       000         13       Salaries and wages       13       \$       0       0       000         14       Repairs       14       \$       0       0       0       0         16       Rent       16       \$       0       0       0		2	-	0 Schedule A	) and/or	operatior	าร		2 \$			.00
7       Gross royalties (attach statement)       7       \$       0       00         8(a) Net capital gain (loss) (attach a copy of your federal Schedule D) Fill in if minus:       8(a) \$       0       00         8(a) Net capital gain (loss) from Part II, fed. Form 4797, (attach copy) Fill in if minus:       8(a) \$       0       00         9       Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund       9       \$       00         10       Other income (loss) (attach statement)       Fill in if minus:       10       \$       00         11       Total gross income. Add Lines 3-10       Fill in if minus:       11       \$       00         12       Compensation of officers from Form D-20, Schedule C       12       \$       00       00         13       Salaries and wages       13       \$       0       00         14       Repairs       14       \$       0       00         15       Bad debts       15       \$       0       00         16       Rent       16       \$       0       00         17       Taxes from Form D-20, Schedule D       17       \$       0       00         19       Contributions and/or gifts (attach statement)       19 <td>ME</td> <td>3</td> <td>Gross profit from sales and/o</td> <td>r operations</td> <td></td> <td></td> <td>Fill in if minus</td> <td>i: 🔿</td> <td>з\$</td> <td></td> <td></td> <td>.00</td>	ME	3	Gross profit from sales and/o	r operations			Fill in if minus	i: 🔿	з\$			.00
7       Gross royalties (attach statement)       7       \$       0       00         8(a) Net capital gain (loss) (attach a copy of your federal Schedule D) Fill in if minus:       8(a) \$       0       00         8(a) Net capital gain (loss) from Part II, fed. Form 4797, (attach copy) Fill in if minus:       8(a) \$       0       00         9       Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund       9       \$       00         10       Other income (loss) (attach statement)       Fill in if minus:       10       \$       00         11       Total gross income. Add Lines 3-10       Fill in if minus:       11       \$       00         12       Compensation of officers from Form D-20, Schedule C       12       \$       00       00         13       Salaries and wages       13       \$       0       00         14       Repairs       14       \$       0       00         15       Bad debts       15       \$       0       00         16       Rent       16       \$       0       00         17       Taxes from Form D-20, Schedule D       17       \$       0       00         19       Contributions and/or gifts (attach statement)       19 <td>NCC</td> <td>4</td> <td></td> <td>nedule B</td> <td></td> <td></td> <td></td> <td></td> <td>4 \$</td> <td></td> <td></td> <td>00</td>	NCC	4		nedule B					4 \$			00
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(b) Ordinary gain (loss) from Part II, fed. Form 4797, (atach copy)       Fill in if minus:       8(b)       00         9       Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund       10       State       00         10       Other income (loss) (attach statement)       Fill in if minus:       10       State       00         11       Total gross income. Add Lines 3-10       Fill in if minus:       11       State       00         12       Compensation of officers from Form D-20, Schedule C       12       State       00         13       Salaries and wages       13       State       00         14       State       00       00       00         15       Bad debts       15       State       00         16       Rent       16       State       00         17       Taxes from Form D-20, Schedule D       17       State       00         18(a) Interest payments       \$       00       00       00         19       Contributions and/or gifts (attach statement)       19       State       00         20       Amortization (attach a copy of your federal Form 4562)       20       State       00         21       Depreciation (attach statement) <td>G</td> <td>7</td> <td>Gross royalties (attach statem</td> <td>ent)</td> <td></td> <td></td> <td></td> <td></td> <td>7 \$</td> <td></td> <td></td> <td>.00</td>	G	7	Gross royalties (attach statem	ent)					7 \$			.00
9       Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund       9       \$       00         10       Other income (loss) (attach statement)       Fill in if minus:       10       \$       00         11       Total gorss income. Add Lines 3-10       Fill in if minus:       11       \$       00         12       Compensation of officers from Form D-20, Schedule C       12       \$       00       00         13       Salaries and wages       13       \$       00       00         14       Repairs       14       \$       00       00         15       Bad debts       15       \$       00       00         16       Rent       16       \$       00       00         17       Taxes from Form D-20, Schedule D       17       \$       00       00         18(a) Interest payments       \$       00       17       \$       00       00         19       Contributions and/or gifts (attach statement)       19       \$       00       00       00         20       Amortization (attach a copy of your federal Form 4562)       20       \$       00       00         21       Depreciation (attach statement)       22 </td <td></td> <td>8(a)</td> <td>) Net capital gain (loss) (attach</td> <td>a copy of your fe</td> <td>ederal Sch</td> <td>edule D)</td> <td>Fill in if minus</td> <td></td> <td>8(a)\$</td> <td></td> <td></td> <td>.00</td>		8(a)	) Net capital gain (loss) (attach	a copy of your fe	ederal Sch	edule D)	Fill in if minus		8(a)\$			.00
Qualified Opportunity Fund       10 \$ 10 \$ 00         10 Other income (loss) (attach statement)       Fill in if minus:       10 \$ 00         11 Total gross income. Add Lines 3-10       Fill in if minus:       11 \$ 000         12 Compensation of officers from Form D-20, Schedule C       12 \$ 000       000         13 Salaries and wages       13 \$ 000       000         14 Repairs       000         15 Bad debts       15 \$ 000       000         16 Rent       16 \$ 000       000         17 Taxes from Form D-20, Schedule D       17 \$ 000       000         18(a) Interest payments       000       000         19 Contributions and/or gifts (attach statement)       19 \$ 000       000         20 Amortization (attach a copy of your federal Form 4562)       20 \$ 000       000         21 Depreciation (attach a copy of your federal Form 4562)       20 \$ 000       000         22 Depletion (attach statement)       21 \$ 000       000         23a) Enter royalty payments made       000       000		(b	) Ordinary gain (loss) from Part	II, fed. Form 479	97, (attacł	1 сору)	Fill in if minus	. 🔾	<b>8</b> (b)\$			.00
11       Total gross income. Add Lines 3-10       Fill in if minus:       11\$       11\$       00         12       Compensation of officers from Form D-20, Schedule C       12\$       00       00         13       Salaries and wages       13\$       00       00         14       Repairs       14\$       00       00         15       Bad debts       15\$       00       00         16       Rent       16\$       00       00         17       Taxes from Form D-20, Schedule D       17\$       00       00         17       Taxes from Form D-20, Schedule D       17\$       00       00         18(a) Interest payments       \$       00       00       00       00         19       Contributions and/or gifts (attach statement)       19\$       00       00       00         20       Amortization (attach a copy of your federal Form 4562)       20\$       00       0		9		deral return dı	ue to inv	estment	in a federa	I	9 \$			00
12       Compensation of officers from Form D-20, Schedule C       12       \$       00         13       Salaries and wages       13       \$       00         14       Repairs       14       \$       00         15       Bad debts       15       \$       00         16       Rent       16       \$       00         17       Taxes from Form D-20, Schedule D       17       \$       00         18(a) Interest payments       \$       00       00       00         18(a) Interest payments       \$       00       00       00       00         19       Contributions and/or gifts (attach statement)       19       \$       00       00         20       Amortization (attach a copy of your federal Form 4562)       20       \$       00       00         21       Depreciation (attach a copy of your federal Form 4562. Do not include any additional IRC 179 expenses or IRC 168(k) depreciation)       21       \$       00       21       \$       00         22       Depletion (attach statement)       22       \$       00       00         23a) Enter royalty payments made       \$       00       00       00		10	Other income (loss) (attach s	tatement)			Fill in if minus		10 \$			.00
13       Salaries and wages       13       \$       00         14       Repairs       14       \$       00         15       Bad debts       15       \$       00       15       \$       00         16       Rent       16       \$       00       16       \$       00       00         17       Taxes from Form D-20, Schedule D       16       \$       00		11	Total gross income. Add Line	s 3-10			Fill in if minus	:	11\$			.00
14       Repairs       14       \$       14       \$       10       00         15       Bad debts       15       \$       15       \$       16       00       00         16       Rent       16       \$       16       \$       00       00       00         17       Taxes from Form D-20, Schedule D       17       \$       0       0       00         18(a)       Interest payments       \$       00       <		12	Compensation of officers from	n Form D-20, S	chedule C	;			12 \$			.00
15       Bad debts       15       S       16       S       17       Taxes from Form D-20, Schedule D       17       S       10       S       10       S       100       S       100       S       100       <		13	Salaries and wages						13 \$			.00
16       Rent       16       \$       00       17       Taxes from Form D-20, Schedule D       17       \$       00       17       \$       00       17       \$       00       17       \$       00       00       17       \$       00       00       00       10       \$       00       10       \$       00       10       \$       00       10       \$       00       10       \$       00       10       \$       00       10       \$       00       10       \$       00       10       \$       00       10       \$       00       00       10       \$       00       10       \$       00       00       10       \$       00       00       10       \$       00       00       10       \$       00       00       10       \$       00       00       10       \$       00       10       \$       00       10       \$       00       10       \$       00       10       \$       00       10       \$       00       10       \$       00       10       \$       00       10       \$       00       10       \$       00       10       10       00 <td< td=""><td></td><td>14</td><td>Repairs</td><td></td><td></td><td></td><td></td><td></td><td>14 \$</td><td></td><td></td><td>.00</td></td<>		14	Repairs						14 \$			.00
(b) Minus nondeductible payments to related entities00 =18c\$.0019 Contributions and/or gifts (attach statement)19 \$.0020 Amortization (attach a copy of your federal Form 4562)20 \$.0021 Depreciation (attach a copy of your federal Form 4562. Do not include any additional IRC 179 expenses or IRC 168(k) depreciation)21 \$.0022 Depletion (attach statement)22 \$.0023a) Enter royalty payments made00	١S	15	Bad debts						15 \$			.00
(b) Minus nondeductible payments to related entities00 =18c\$.0019 Contributions and/or gifts (attach statement)19 \$.0020 Amortization (attach a copy of your federal Form 4562)20 \$.0021 Depreciation (attach a copy of your federal Form 4562. Do not include any additional IRC 179 expenses or IRC 168(k) depreciation)21 \$.0022 Depletion (attach statement)22 \$.0023a) Enter royalty payments made00	TIO	16	Rent						16 \$			.00
(b) Minus nondeductible payments to related entities00 =18c\$.0019 Contributions and/or gifts (attach statement)19 \$.0020 Amortization (attach a copy of your federal Form 4562)20 \$.0021 Depreciation (attach a copy of your federal Form 4562. Do not include any additional IRC 179 expenses or IRC 168(k) depreciation)21 \$.0022 Depletion (attach statement)22 \$.0023a) Enter royalty payments made00	DUC	17	Taxes from Form D-20, Schedu	le D					17 \$			.00
19 Contributions and/or gifts (attach statement)19 \$19 \$.0020 Amortization (attach a copy of your federal Form 4562)20 \$.0021 Depreciation (attach a copy of your federal Form 4562. Do not include any additional IRC 179 expenses or IRC 168(k) depreciation)21 \$.0022 Depletion (attach statement)22 \$.0023a) Enter royalty payments made00	DEI	18(	a) Interest payments		\$			.00				
20 Amortization (attach a copy of your federal Form 4562)       20 \$       20 \$       .00         21 Depreciation (attach a copy of your federal Form 4562. Do not include any additional IRC 179 expenses or IRC 168(k) depreciation)       21 \$       .00         22 Depletion (attach statement)       22 \$       .00         23a) Enter royalty payments made       00		(	b) Minus nondeductible payment	ts to related ent	tities \$			00 =	18c\$			.00
21       Depreciation (attach a copy of your federal Form 4562. Do not include any additional IRC 179 expenses or IRC 168(k) depreciation)       21       \$       00         22       Depletion (attach statement)       22       \$       00         23a) Enter royalty payments made       \$       00		19	Contributions and/or gifts (at	ttach statement)	)				19 \$			.00
any additional IRC 179 expenses or IRC 168(k) depreciation)  22 Depletion (attach statement)  23a) Enter royalty payments made  \$ 00		20	Amortization (attach a copy or	f your federal Fo	orm 4562	2)			20 \$			.00
23a) Enter royalty payments made \$ 00		21					nclude		21 \$			00
		22	Depletion (attach statement)						22 \$			00
(b) Minus nondeductible payments to related entities \$ 00 = 23c \$ 00		<b>2</b> 3a	) Enter royalty payments made		\$			00				
	1	(	b) Minus nondeductible payment	ts to related ent	tities \$			00 =	= 23c\$			00

D-20	FORM,	PAGE 2
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NO FOLIO

Taxpayer Identification Number:



2				ENTER DO	OLLAR AMOUNTS ONLY	
5 24	Pension, profit-sharing plans		24 \$			00
25	Capital gains deferred due to DC approved investment i Opportunity Fund	in a DC Qualified	25 \$			.00
<sup>5</sup> 26	Other deductions (attach statement)		26 \$			.00
27	Total deductions. Add Lines 12–26.		27 \$			00
28	Net income Line 11 minus Line 27.	Fill in if minus:	28 \$	S		00
29	(a) Non-business income/state adjustment (attach statement)	Fill in if minus:	29a\$	6		00
	(b) Expense related to non-business income (attach statement	nt)	29b\$	5		00
	(c) 29(a) minus 29(b)	Fill in if minus:	29c \$			00
30		Fill in if minus:	30 \$			00
31	DC apportionment factor from Form D-20, Schedule F, Col. 3, Li If Combined Report, from Combined Reporting Schedule 2A, Col. 3, Lin		31			
32	Net income from trade or business apportioned to DC Line 30 amount multiplied by Line 31 factor.	Fill in if minus:	32 \$			00
33	Other income/deductions attributable to DC (attach statement - see instructions)	Fill in if minus:	33 \$			.00
34	Total taxable income before apportioned NOL deduction Line 32 plus or minus Line 33.	Fill in if minus:	34 \$			.00
35	Apportioned NOL deduction (Losses occurring in year 2000 an *(Losses occurring in tax year 2018 or later are limited to 80%. See in:		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.		37 \$			00
38	Minus nonrefundable credits from Schedule UB, Line 9		38 \$			00
39	Total DC gross receipts from Line '4' MTLGR Worksheet	\$			00	
40		- ·	40 0			00
	are \$1M or less or \$1,000 if DC gross receipts are greater than \$	- ·	40 \$			.00
	are \$1M or less or \$1,000 if DC gross receipts are greater than \$2 Payments and refundable credits: (a) Tax paid, if any, with request for an extension of time	1M. e to file	40 \$ 41a \$	\$ <b></b>		00
	are \$1M or less or \$1,000 if DC gross receipts are greater than \$2 Payments and refundable credits: (a) Tax paid, if any, with request for an extension of time (b) Tax paid, if any, with original return if this is an ame	1M. e to file				.00 .00
	<ul> <li>are \$1M or less or \$1,000 if DC gross receipts are greater than \$2 Payments and refundable credits:</li> <li>(a) Tax paid, if any, with request for an extension of time (b) Tax paid, if any, with original return if this is an ame (c) 2023 estimated franchise tax payments</li> </ul>	1M. e to file	41a 41b 41c \$			00 00 00
41	<ul> <li>are \$1M or less or \$1,000 if DC gross receipts are greater than \$2 Payments and refundable credits:</li> <li>(a) Tax paid, if any, with request for an extension of time</li> <li>(b) Tax paid, if any, with original return if this is an ame</li> <li>(c) 2023 estimated franchise tax payments</li> <li>(d) Refundable credits from Schedule UB, Line 12</li> </ul>	1M. e to file nded return	41a 41b 41c 41d			00 00 00 00
41	<ul> <li>are \$1M or less or \$1,000 if DC gross receipts are greater than \$2 Payments and refundable credits:</li> <li>(a) Tax paid, if any, with request for an extension of time</li> <li>(b) Tax paid, if any, with original return if this is an ame</li> <li>(c) 2023 estimated franchise tax payments</li> <li>(d) Refundable credits from Schedule UB, Line 12</li> <li>If this is an amended 2023 return, enter refund requested</li> </ul>	1M. e to file nded return d with original return	41a 41b 41c 41d 41d .42			00 00 00 00 00
41 42 43	<ul> <li>are \$1M or less or \$1,000 if DC gross receipts are greater than \$2 Payments and refundable credits:</li> <li>(a) Tax paid, if any, with request for an extension of time (b) Tax paid, if any, with original return if this is an ame (c) 2023 estimated franchise tax payments</li> <li>(d) Refundable credits from Schedule UB, Line 12</li> <li>If this is an amended 2023 return, enter refund requested Total payments and credits. Add Lines 41(a) through 41(d). Do n</li> </ul>	1M. e to file nded return d with original return	41a 41b 41c 41d .42 43			.00 .00 .00 .00 .00 .00
41 42 43 44	<ul> <li>are \$1M or less or \$1,000 if DC gross receipts are greater than \$2 Payments and refundable credits:</li> <li>(a) Tax paid, if any, with request for an extension of time</li> <li>(b) Tax paid, if any, with original return if this is an ame</li> <li>(c) 2023 estimated franchise tax payments</li> <li>(d) Refundable credits from Schedule UB, Line 12</li> <li>If this is an amended 2023 return, enter refund requested</li> <li>Total payments and credits. Add Lines 41(a) through 41(d). Do n</li> <li>Estimated tax interest (Fill in oval if D-2220 attached)</li> </ul>	1M. e to file nded return d with original return ot include Line 42.	41a 41b 41c 41d .42 43 43 44		Image: state stat	00 00 00 00 00 00 00
41 42 43	<ul> <li>are \$1M or less or \$1,000 if DC gross receipts are greater than \$2 Payments and refundable credits:</li> <li>(a) Tax paid, if any, with request for an extension of time (b) Tax paid, if any, with original return if this is an ame (c) 2023 estimated franchise tax payments</li> <li>(d) Refundable credits from Schedule UB, Line 12</li> <li>If this is an amended 2023 return, enter refund requested Total payments and credits. Add Lines 41(a) through 41(d). Do n</li> </ul>	1M. e to file nded return d with original return ot include Line 42.	41a 41b 41c 41d .42 43 43 44			00 00 00 00 00 00 00 00
41 42 43 44	<ul> <li>are \$1M or less or \$1,000 if DC gross receipts are greater than \$2 Payments and refundable credits:</li> <li>(a) Tax paid, if any, with request for an extension of time (b) Tax paid, if any, with original return if this is an ame (c) 2023 estimated franchise tax payments</li> <li>(d) Refundable credits from Schedule UB, Line 12</li> <li>If this is an amended 2023 return, enter refund requested Total payments and credits. Add Lines 41(a) through 41(d). Do n Estimated tax interest (Fill in oval if D-2220 attached)</li> <li>Total Amount Due. If Line 43 is smaller than the total of Lines 40 a</li> </ul>	1M. e to file nded return d with original return ot include Line 42. and 44, enter amount due No See instructions.	41a 41b 41c 41d .42 43 43 44 5 45	Image: state	Image: 1 min marked biase in the sector of the sector o	00 00 00 00 00 00 00
41 42 43 44 45	<ul> <li>are \$1M or less or \$1,000 if DC gross receipts are greater than \$2 Payments and refundable credits:</li> <li>(a) Tax paid, if any, with request for an extension of time (b) Tax paid, if any, with original return if this is an ame (c) 2023 estimated franchise tax payments</li> <li>(d) Refundable credits from Schedule UB, Line 12</li> <li>If this is an amended 2023 return, enter refund requested</li> <li>Total payments and credits. Add Lines 41(a) through 41(d). Do n Estimated tax interest (Fill in oval if D-2220 attached)</li> <li>Total Amount Due. If Line 43 is smaller than the total of Lines 40 a Will this payment come from an account outside of the U.S.? Yes</li> </ul>	1 M. e to file nded return d with original return ot include Line 42. and 44, enter amount due No See instructions. I, enter amount overpaid.	41a 41b 41c 41d .42 43 43 44 5 45			00 00 00 00 00 00 00 00
41 42 43 44 45 46	<ul> <li>are \$1M or less or \$1,000 if DC gross receipts are greater than \$2 Payments and refundable credits:</li> <li>(a) Tax paid, if any, with request for an extension of time (b) Tax paid, if any, with original return if this is an ame (c) 2023 estimated franchise tax payments</li> <li>(d) Refundable credits from Schedule UB, Line 12</li> <li>If this is an amended 2023 return, enter refund requested</li> <li>Total payments and credits. Add Lines 41(a) through 41(d). Do n Estimated tax interest (Fill in oval if D-2220 attached)</li> <li>Total Amount Due. If Line 43 is smaller than the total of Lines 40 at Will this payment. If Line 43 is larger than the total of Lines 40 and 44</li> </ul>	1 M. e to file nded return d with original return ot include Line 42. and 44, enter amount due No See instructions. I, enter amount overpaid.	41a 41b 41c 41d 41d 43 43 44 45 45 46	Image: Sector of the sector	Image: 1 minipartic matrix	00 00 00 00 00 00 00 00
41 42 43 44 45 46 47 48 Thi	are \$1M or less or \$1,000 if DC gross receipts are greater than \$2 Payments and refundable credits: (a) Tax paid, if any, with request for an extension of time (b) Tax paid, if any, with original return if this is an ame (c) <b>2023</b> estimated franchise tax payments (d) Refundable credits from Schedule UB, Line 12 If this is an amended <b>2023</b> return, enter refund requested Total payments and credits. Add Lines 41(a) through 41(d). Do n Estimated tax interest (Fill in oval if D-2220 attached) Total Amount Due. If Line 43 is smaller than the total of Lines 40 a Will this payment. If Line 43 is larger than the total of Lines 40 and 44 Amount you want to apply to your <b>2024</b> estimated frame Amount to be refunded. Line 46 minus Line 47.	1M. e to file nded return d with original return ot include Line 42. and 44, enter amount due No See instructions. I, enter amount overpaid. chise tax.	41a 41b 41c 41d 43 43 43 44 45 45 46 47 48		number of that person. See instr	00 00 00 00 00 00 00 00 00 00
41 42 43 44 45 46 47 48 Thi Des	are \$1M or less or \$1,000 if DC gross receipts are greater than \$2 Payments and refundable credits: (a) Tax paid, if any, with request for an extension of time (b) Tax paid, if any, with original return if this is an ame (c) <b>2023</b> estimated franchise tax payments (d) Refundable credits from Schedule UB, Line 12 If this is an amended <b>2023</b> return, enter refund requested Total payments and credits. Add Lines 41(a) through 41(d). Do n Estimated tax interest (Fill in oval if D-2220 attached) Total Amount Due. If Line 43 is smaller than the total of Lines 40 a Will this payment come from an account outside of the U.S.? Yes Overpayment. If Line 43 is larger than the total of Lines 40 and 44 Amount you want to apply to your <b>2024</b> estimated frame Amount to be refunded. Line 46 minus Line 47.	1 M.         a to file         nded return         d with original return         ot include Line 42.         and 44, enter amount due         No See instructions.         I, enter amount overpaid.         chise tax.         OTR, fill in here	41a 41b 41c 41d 43 43 44 45 46 47 46 47 48	Phone number		00 00 00 00 00 00 00 00 00 00 00 ructions.
41 42 43 44 45 46 47 48 7hi Des SIGN	are \$1M or less or \$1,000 if DC gross receipts are greater than \$2 Payments and refundable credits: (a) Tax paid, if any, with request for an extension of time (b) Tax paid, if any, with original return if this is an ame (c) <b>2023</b> estimated franchise tax payments (d) Refundable credits from Schedule UB, Line 12 If this is an amended <b>2023</b> return, enter refund requested Total payments and credits. Add Lines 41(a) through 41(d). Do n Estimated tax interest (Fill in oval if D-2220 attached) Total Amount Due. If Line 43 is smaller than the total of Lines 40 at Will this payment. If Line 43 is larger than the total of Lines 40 and 44 Amount you want to apply to your <b>2024</b> estimated france Amount to be refunded. Line 46 minus Line 47.	1 M.         a to file         nded return         d with original return         ot include Line 42.         and 44, enter amount due         No See instructions.         I, enter amount overpaid.         chise tax.         OTR, fill in here	41a 41b 41c 41d 43 43 44 45 46 47 46 47 48	Phone number		00 00 00 00 00 00 00 00 00 00 00 ructions.
41 42 43 44 45 46 47 48 Thi Des	are \$1M or less or \$1,000 if DC gross receipts are greater than \$2 Payments and refundable credits: (a) Tax paid, if any, with request for an extension of time (b) Tax paid, if any, with original return if this is an ame (c) <b>2023</b> estimated franchise tax payments (d) Refundable credits from Schedule UB, Line 12 If this is an amended <b>2023</b> return, enter refund requested Total payments and credits. Add Lines 41(a) through 41(d). Do n Estimated tax interest (Fill in oval if D-2220 attached) Total Amount Due. If Line 43 is smaller than the total of Lines 40 a Will this payment. If Line 43 is larger than the total of Lines 40 and 44 Amount you want to apply to your <b>2024</b> estimated frame Amount to be refunded. Line 46 minus Line 47.	1 M.         a to file         nded return         d with original return         ot include Line 42.         and 44, enter amount due         No See instructions.         t, enter amount overpaid.         chise tax.         OTR, fill in here         of my knowledge, it is corrected	41a 41b 41c 41d 43 43 43 44 45 46 47 48 47 48 47 48	Phone number tion of paid preparer is ba	sed on the information available to the	00 00 00 00 00 00 00 00 00 00 00 00 00
41 42 43 44 45 46 47 48 Thi Des SIGN HERE	are \$1M or less or \$1,000 if DC gross receipts are greater than \$2 Payments and refundable credits: (a) Tax paid, if any, with request for an extension of time (b) Tax paid, if any, with original return if this is an ame (c) <b>2023</b> estimated franchise tax payments (d) Refundable credits from Schedule UB, Line 12 If this is an amended <b>2023</b> return, enter refund requested Total payments and credits. Add Lines 41(a) through 41(d). Do n Estimated tax interest (Fill in oval if D-2220 attached) Total Amount Due. If Line 43 is smaller than the total of Lines 40 at Will this payment. If Line 43 is larger than the total of Lines 40 and 44 Amount you want to apply to your <b>2024</b> estimated france Amount to be refunded. Line 46 minus Line 47.	1 M.         a to file         nded return         d with original return         ot include Line 42.         and 44, enter amount due         No See instructions.         t, enter amount overpaid.         chise tax.         OTR, fill in here         of my knowledge, it is corrected	41a 41b 41c 41d 43 43 44 45 46 47 46 47 48	Phone number tion of paid preparer is ba		00 00 00 00 00 00 00 00 00 00 00 00 00
41 42 43 44 45 46 47 48 Thi Dee PLEAS SIGN HERE	are \$1M or less or \$1,000 if DC gross receipts are greater than \$2 Payments and refundable credits: (a) Tax paid, if any, with request for an extension of time (b) Tax paid, if any, with original return if this is an ame (c) <b>2023</b> estimated franchise tax payments (d) Refundable credits from Schedule UB, Line 12 If this is an amended <b>2023</b> return, enter refund requested Total payments and credits. Add Lines 41(a) through 41(d). Do n Estimated tax interest (Fill in oval if D-2220 attached) Total Amount Due. If Line 43 is smaller than the total of Lines 40 at Will this payment come from an account outside of the U.S.? Yes Overpayment. If Line 43 is larger than the total of Lines 40 and 44 Amount you want to apply to your <b>2024</b> estimated frame Amount to be refunded. Line 46 minus Line 47. If party designee <i>To authorize another person to discuss this return with the</i> ignee's name Under penalties of law, I declare that I have examined this return and, to the best Officer's signature Title	1 M.         a to file         nded return         d with original return         ot include Line 42.         and 44, enter amount due         No See instructions.         4, enter amount overpaid.         chise tax.         OTR, fill in here         and with original return	41a 41b 41c 41d 43 43 43 44 45 46 47 48 47 48 47 48 47 48	Phone number tion of paid preparer is ba	sed on the information available to the	00 00 00 00 00 00 00 00 00 00 00 00 00
41 42 43 44 45 46 47 48 Thi Des SIGN HERE PAID	are \$1M or less or \$1,000 if DC gross receipts are greater than \$1         Payments and refundable credits:         (a) Tax paid, if any, with request for an extension of time         (b) Tax paid, if any, with original return if this is an ame         (c) 2023 estimated franchise tax payments         (d) Refundable credits from Schedule UB, Line 12         If this is an amended 2023 return, enter refund requested         Total payments and credits. Add Lines 41(a) through 41(d). Do n         Estimated tax interest (Fill in oval if D-2220 attached)         Total Amount Due. If Line 43 is smaller than the total of Lines 40 a         Will this payment come from an account outside of the U.S.? Yes         Overpayment. If Line 43 is larger than the total of Lines 40 and 44         Amount you want to apply to your 2024 estimated frame         Amount to be refunded. Line 46 minus Line 47.         rd party designee To authorize another person to discuss this return with this return and, to the best         Officer's signature       Title         Officer's signature (if other than taxpayer)       Date	1 M.         a to file         nded return         d with original return         ot include Line 42.         and 44, enter amount due         No See instructions.         I, enter amount overpaid.         chise tax.         OTR, fill in here         of my knowledge, it is corrected         D         Firm         If	41a 41b 41c 41d 41d 43 43 43 44 43 44 45 46 47 46 47 46 47 48 ad enter t t. Declarat	Phone number tion of paid preparer is ba	sed on the information available to the	00 00 00 00 00 00 00 00 00 00 00 00 00
41 42 43 44 45 46 47 48 Thi Des SiGN HERE PAID	are \$1M or less or \$1,000 if DC gross receipts are greater than \$2 Payments and refundable credits: (a) Tax paid, if any, with request for an extension of time (b) Tax paid, if any, with original return if this is an ame (c) <b>2023</b> estimated franchise tax payments (d) Refundable credits from Schedule UB, Line 12 If this is an amended <b>2023</b> return, enter refund requested Total payments and credits. Add Lines 41(a) through 41(d). Do n Estimated tax interest (Fill in oval if D-2220 attached) Total Amount Due. If Line 43 is smaller than the total of Lines 40 at Will this payment come from an account outside of the U.S.? Yes Overpayment. If Line 43 is larger than the total of Lines 40 and 44 Amount you want to apply to your <b>2024</b> estimated frame Amount to be refunded. Line 46 minus Line 47. If party designee <i>To authorize another person to discuss this return with the</i> ignee's name Under penalties of law, I declare that I have examined this return and, to the best Officer's signature Title	1 M.         a to file         nded return         d with original return         ot include Line 42.         and 44, enter amount due         No See instructions.         I, enter amount overpaid.         chise tax.         OTR, fill in here         of my knowledge, it is corrected         D         Firm         If	41a 41b 41c 41d 41d 43 43 43 44 43 44 45 46 47 46 47 46 47 48 ad enter t t. Declarat	Phone number tion of paid preparer is ba	sed on the information available to the Telephone number of person to conta	00 00 00 00 00 00 00 00 00 00 00 00 00
41 42 43 44 45 46 47 48 Thi Des SiGN HERE PAID	are \$1M or less or \$1,000 if DC gross receipts are greater than \$2 Payments and refundable credits: (a) Tax paid, if any, with request for an extension of time (b) Tax paid, if any, with original return if this is an ame (c) 2023 estimated franchise tax payments (d) Refundable credits from Schedule UB, Line 12 If this is an amended 2023 return, enter refund requested Total payments and credits. Add Lines 41(a) through 41(d). Do n Estimated tax interest (Fill in oval if D-2220 attached) Total Amount Due. If Line 43 is smaller than the total of Lines 40 a Will this payment come from an account outside of the U.S.? Yes Overpayment. If Line 43 is larger than the total of Lines 40 and 44 Amount you want to apply to your 2024 estimated frame Amount to be refunded. Line 46 minus Line 47. If party designee <i>To authorize another person to discuss this return with the</i> ignee's name Under penalties of law, I declare that I have examined this return and, to the best Officer's signature (if other than taxpayer) Date Preparer's PTIN	1 M.         a to file         nded return         d with original return         ot include Line 42.         and 44, enter amount due         No See instructions.         I, enter amount overpaid.         chise tax.         OTR, fill in here         of my knowledge, it is corrected         D         Firm         If	41a 41b 41c 41d 41d 43 43 43 44 43 44 45 46 47 46 47 46 47 48 ad enter t t. Declarat	Phone number tion of paid preparer is ba	sed on the information available to the Telephone number of person to conta	00 00 00 00 00 00 00 00 00 00 00 00 00

Taxpayer Name:

Taxpayer Identification Number:



Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)			Schedule B - Dividends (See specific instructions for Line 4.)					
1. Inventory at beginning of year	\$			NAME AND ADDRI	ESS OF DECLARING C	ORPORATION	AMOUNT	
<ol> <li>Merchandise bought for manufacture or sale</li> </ol>						:	\$	
<ol> <li>Salaries and wages</li> <li>Other costs per books (attach statement)</li> </ol>								
(Additional federal depreciation and additional IRC § 179 expenses are not allowable.)								
5. Total	\$							
6. Minus: Inventory at end of tax year								
7. Cost of goods sold (Enter here and on D-20 Line 2.)	\$							
Method of inventory valuation:								
			Total I	Dividends				
			Minus	deduction for Sul	bpart F Income.	1	\$	
				deduction for div y-owned subsidary		rom		
			тота	L (Enter here and	on D-20. Line 4.	)	\$	
Schedule C - Compensation of officers (See spec	cific instruction	s for Lir			,		ed.)	
	Col. 2	Co	I. 3	Percent of (		Col. 6	Col. 7	
Col. 1 Name and Address of Officer	Official Title		of Time	Stock ( Col. 4	Col.5	Amount of	Expense Account	
			siness	Common	Preferred	Compensation	Allowances	
			%	%	%	\$	\$	
			0(		0/		+	
			%	%	%			
			%	%	%			
TOTAL COMPENSATION OF OFFICERS (Enter here a	nd on D-20, Li	ne 12.)				\$		
Schedule D - Taxes (See specific instructions for	r Line 17.)							
EXPLANATION		OUNT			EXPLANATION		AMOUNT	
	\$						\$	
			Т	OTAL (Enter here	and on D-20, Lin	e 17.)	\$	
Schedule E - Reconciliation of the net income r		ederal	and DO	C returns				
1. Taxable income before net operating loss deduction and sp deductions (page 1 of your Federal corporate return).	ecial \$		7. T	otal DC taxable in	come reported (fr	om D-20, Line 36.	. \$	
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME								
2. Income taxes (see specific instructions for Line 17).			NO	N-TAXABLE INCO	ME AND ADDITIC	NAL DEDUCTION	s	
<ol> <li>DC income taxes and franchise taxes imposed by DC Reve Act of 1947, as amended.</li> </ol>	enue		8. 1	let income apport	ioned or allocated	I to outside DC.		
<ol> <li>Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.</li> </ol>				Other non-taxable Including NOL (iter		ional deductions		
5. Other unallowable deductions and additional income (item include additional federal depreciation and additional	ize,			a)				
IRC § 179 expenses). (a)			(	b)				
(b)								
6. TOTAL of Lines 1–5.	\$		10	. TOTAL of Lines 7	7, 8 and 9.		\$	
	1							

Taxpayer Name:

Taxpayer Identification Number:



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chedule F - DC apportionment factor (See instructions) Note: If this is a combined report do not use Schedule F to derive the apportionment factor for the group. ave Schedule F blank. Use Combined Reporting Schedule 2A, Line 9 instead.							
Round cents to the nearest dollar.		Carry all fa	actors to six decimal places a	nd trunc	ate.		
For all businesses other than financial institutions:	Colui	mn 1 TOTAL	Column 2 in DC		Column 3 Factor (Column 2 divided by Column 1)		
1. <b>SALES FACTOR:</b> All gross receipts of the business other than gross receipts from non-business income.	\$	.00 \$		00			
For Financial Institutions:							
2. <b>SALES FACTOR:</b> All gross income of the financial institution other than gross income from non-business income.	\$	.00 \$		.00			
3. <b>PAYROLL FACTOR:</b> Total compensation paid or accrued by the financial institution.	\$	.00 \$		.00			
4. SUM OF FACTORS: (For Financial Institutions add Lines 2 and 3	of Column 3)						

5. DC APPORTIONMENT FACTOR: For businesses other than financial institutions enter the number from Line 1, Column 3. Enter on D-20, Line 31. For financial institutions divide Line 4, Column 3 by 2. Enter on D-20, Line 31.

Schedule G - Balance Sheets			Beginning of	Taxable Year	End of 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, etc						
S	5. Other current assets (attach statement)						
SET	6. Loans to stockholders						
S	7. Mortgage and real estate loans						
۷	8. Other investments (attach statement)						
	9. Buildings and other fixed depreciable assets						
	(a) MINUS: Accumulated depreciation						
	10. Depletable assets						
	(a) MINUS: Accumulated depletion						
	11. Land (net of any amortization)						
	12. Intangible assets (amortizable only)						
	(a) MINUS: Accumulated amortization						
	13. Other assets (attach statement)						
	14. TOTAL ASSETS						
	15. Accounts payable						
ł	16. Mortgages, notes, bonds payable in less than 1 year.						
ITA	17. Other current liabilities (attach statement)						
P	18. Loans from stockholders						
CAI	19. Mortgages, notes, bonds payable in 1 year or more						
ð	20. Other liabilities (attach statement)						
AN	21. Capital stock: (a) Preferred stock					_	
S	(b) Common stock						
BILITIES	22. Paid-in or capital surplus (attach statement)						
Ξ	23. Retained earnings - Appropriated (attach statement)						
B	24. Retained earnings - Unappropriated						
LIA	25. MINUS: Cost of treasury stock			( )		( )	
	26. TOTAL LIABILITIES AND CAPITAL						

D-20 FORM, PAGE 5

Taxpayer Name:

Taxpayer Identification Number:



Schedule H-1 – Reconciliation of Income (Lo	ss) per Books with Inco	chedule H-1 – Reconciliation of Income (Loss) per Books With Income (Loss) per Return								
1. Net income per books	. \$	7. Income recorded on books this year and not	\$							
2. Federal income tax		included in this return (itemize). Tax-exempt interest \$								
3. Excess of capital losses over capital gains										
4. Taxable income not recorded on books this year (itemize)										
		8. Deductions on this tax return and not charged								
5. Expenses recorded on books this year and not deducted on this return (itemize).		against book income this year (itemize).								
		(a) Depreciation\$								
(a) Depreciation \$		(b) Depletion \$								
(b) Depletion\$		9. TOTAL of Lines 7 and 8 · · · · · · · · · · · · · · · · · ·	\$							
6. TOTAL of Lines 1 through 5	\$	10. Taxable Income (federal Form 1120, page 1, line 28 should equal Line 6 minus Line 9 of this Schedule.)	\$							
Schedule H-2 – Analysis of Unappropriated F	Retained Earnings per B	ooks								
1. Balance at beginning of year	\$	5. Distributions: (a) Cash	\$							
2. Net income per books		(b) Stock								
		(c) Property								
3. Other increases (itemize)										
	-	6. Other decreases (itemize).								
	-		-							
		7. TOTAL of Lines 5 and 6	\$							
4. TOTAL of Lines 1, 2 and 3.	\$	8. Balance at end of year (Line 4 minus Line 7)	\$							

#### Schedule I – Income from Rent

Col. 1 Address of Property	Col. 2 Kind of Property	Col. 3 Gross Amount of Rent	Col. 4 Depreciation* or Amortization (Per Federal Form 4562)	Col. 5 Repairs (Explain in Sch. I-1)	Col. 6 Taxes, Interest and other Expenses* (Explain in Sch. I-1)
		\$	\$	\$	\$
•					
5. TOTAL (Enter the total of Colum	n 3 on D-20, Line 6.	\$	\$	\$	\$

Enter total of Column 4, 5, and 6 on appropriate deduction lines.)

\*excludes federal depreciation and additional IRC §179 expenses.

Schedule I-1 – Explanation of deductions claimed in Columns 5 and 6 of Schedule I.

Column No.	Explanation	Amount	Column No.	Explanation	Amount
		\$			\$

Taxpayer Name:

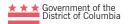
\*



Taxpayer Identification Number:

Schedule K- Disregarded Entities (Name and TIN for any single member limited liability company that is treated as a disregarded entity for District franchise tax ourposes, whose income is included in the income reported on this return, and which is doing business in the District). (See instructions.)							
Disregarded Entity Name			TIN				
Supplemental Information							
1. STATE OR COUNTRY OF INCORPORATION	2.(a) DATE OF INCORPORATION	2.(b) DATE BUSINESS BEGAN IN DC	<ol> <li>IRS SERVICE CENTER WHERE FEDERAL RETURN WAS FILED FOR PERIOD COVERED BY THIS RETURN:</li> </ol>				
4. THE CORPORATION'S BOOKS ARE IN THE CARE OF –		5. LOCATED AT -					
<ol> <li>During 2023, has the Internal Revenue Service adjustments to your federal income tax return, returns with the IRS? YES NO</li> </ol>		If you have already provi a detailed statement, en					
If "YES", please submit separately a detailed st submitted, to the address shown in the instruct		it was sent.	MM/DD/YYYY				
7. Is this corporation unitary with another entity?	── YES	NO If yes, explain:					
8. Is this return made on the accrual basis?	── YES	NO If no, indicate basis us	ed: Cash Basis Other (specify)				
9. Did you file a franchise tax return with DC for the year 2022?	◯ YES	NO If no, state reason					
10. Did you withhold DC income tax from wages pa DC resident employees during 2023?	id to your YES	NO If no, state reason:					
11. Did you file annual information returns, federal and 1099, relating to payment of dividends and 2023?		─ NO					
12. (a) Has the business been terminated?	─ YES	NO If yes, explain and give	e date:				
(b) Have you moved out of DC?	◯ YES	<u>NO</u>					
13. Did you file an annual ballpark fee return?	─ YES	NO					

\*Schedule J has been deleted.







**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 Retur         Fill in       if SSN       Fill in       if filing a D-30 Retur         Enter your business name       Fill in       if SSN       Fill in       if filing a D-30 Retur	
D-20 Return Nonrefundable Credits (Nonrefundable Credits may not be applied against the required minimum tax	0
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 \$
3 Organ and Bone Marrow Donor Credit (see computation on reverse side).	3 \$ .00
4 Job Growth Incentive Act	4 \$ .00
5 Enter alternative fuel credits. See instructions	
5a Alternative fuel infrastructure.	
# of stations	
5b Alternative fuel vehicle conversion.	
6 Total alternative fuel credits. Add Lines 5a and 5b only and enter here.	6 \$
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
Defendeble Oredite	
Refundable Credits       10     RESERVED	10 \$ .00
RESERVED	
11 Small Retailer Property Tax Relief Credit	11 \$
12 Total the refundable D-20 credits, enter here and on Form D-20, Line 41(d).	12 \$
D-30 Return	
Nonrefundable Credits (Nonrefundable Credits may not be applied against the required minimum tax	x) 13 \$ 00
13 Economic Development Zone Incentives Credit (see worksheet).	
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. \$ 00 # 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 \$
Refundable Credits	
21 Small Retailer Property Tax Relief Credit	21 \$
22 Total the refundable D-30 credits, enter here and on Form D-30, Line 41(d).	22 \$ .00

If you claim credits on Line 2 above, attach a copy of your DC Form D-20CR to the D-20.

Revised 10/2023

Schedule UB Instructions - Qualified High Technology Companies

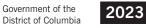
### Organ and Bone Marrow Donor Credit

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 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 14 of Schedule UB for	
		Home Purchase Tax Crec omputation —	lit
1. Number of Eli	gible Employees	]	
	meownership Assistand riod to Eligible Employ	ce provided eesx 50%	\$
	d Line 2 amount and l	imited to \$2,500 per Eligible	\$
	Line 7 of Sched	ount from Line 3 on ule UB for D-20 filers, or edule 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



Worldwide					
Taxpayer Identification Number of Designated Agent Taxable year ending MMDDYYYY Number of members in the combin					
Name of Designated Agent			т	elephone number	
Business mailing address line #1					
Business mailing address line #2					
City			State Zip Coo	1e + 4	
A		С	D	E	F
List the designated agent and all combined members	<b>B</b> Taxpayer Identification Number	Was a separate DC franchise tax return filed in the prior year?	Is the member new to the combined group?	Was gross income received from District sources?	Does the member have nexus in DC?
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes

Note: If more than 14 combined members, continue list on a separate sheet of paper.

# **Combined Group Members' Schedule**

# Instructions

It is necessary to identify each member of the DC Combined Group subject to the franchise tax.

Attach a copy of Federal Forms 851, 5471, and 8975 (including Schedule A).

File this schedule each year that a DC Combined Report is filed.

Enter the number of members in the combined group.

**Column A** - List the designated agent and all combined members included in the DC Combined Report.

**Column B** - Give the Taxpayer Identification Number (TIN) for each member listed.

**Column C** - Indicate if each member listed filed a separate DC franchise tax return in the prior tax year.

**Column D** - Indicate if any members are new to the DC Combined Group.

**Column E** - Indicate if the member received gross income from DC sources.

**Column F** - Indicate if the member has nexus in DC.

<u>***</u>	Government of the
	District of Columbia

3	SCHEDULE SR	Small	Retailer
	Property Tax	Relief (	Credit



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

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			OFFICIAL	USE ONLY	Vendo	r ID#00	02			
Taxpayer Identification Number	Fill in 🔵 if FEIN	Fill in 📿	if filing a D-2	0 Returi	n					
	Fill in 🔵 if SSN	Fill in 🔵	if filing a D-3	0 Returi						
Enter your business name					Sales a	nd Use T	ах Ассо	ount Nu	umber	
									Ц	
Mailing address (number, street and suite nu	mber if applicable)									_
City			State	e Z	ip Code +4					
Address of Class 2 <b>DC</b> Property (number, str	reet and suite number if appl	cable) for which	n you are claiming the	e credit if (	different fro	m above				
City		1 1 1	State	e Z	ip Code +4					
Certificate of Occupancy Permit N	umber									
If member of a Combined Group, T	Taxpayer Identification	Number of	Designated Ager	nt						
<ul> <li>Do not claim this credit if your qualified business is exempt from or receives any tax credits towards its real property tax or the qualified rental retail location or the qualified owned retail location is otherwise exempt from real property tax.</li> <li>The credit equals the total Class 2 real property taxes paid by a qualified corporation or qualified unincorporated business for a qualified retail owned location during the taxable year not to exceed \$5,000; or 10% of the total rent paid by a qualified corporation or qualified unincorporated business for a qualified rental retail location not to exceed</li> </ul>										
\$5,000. 1 Amount of federal gross receipts	or sales. Do not make	e claim if \$	2.5m or more.	1 \$	6				T	.00
2 If tenant, amount of rent paid	in taxable year 2023	3 on qualifie	ed retail location	n. 2 \$	5					.00
3 Enter the Class 2 property taxes or 10% of rent paid in taxable year				з \$	6					00
4 Property Tax Credit Limit.				4 \$			5	0	0 0	00
5 Small Retailer Property Tax Relie and on Schedule UB, Line 11 if i				5	6					.00
6 Owner/Landlord's name										
Owner/Landlord's address (number and st	reet)	1 1 1								
		Те	lephone number							٦
City			State	e Zi	p Code +4	1				_
7 If Owner, enter information from your real property tax bill or assessment. If a section is blank on your property tax bill, leave it blank here.										
Square number	Suffix number		Lot number							

# Instructions for Schedule SR Small Retailer Property Tax Relief Credit

For taxable years beginning after December 31, 2017, a qualified corporation, or qualified unincorporated business, may claim a credit against corporate or unincorporated business franchise tax as follows:

(1) a tax credit equal to 10% of the total rent paid by the corporation/unincorporated business for a qualified rental retail location during the taxable year not to exceed \$5,000: or

(2) a tax credit equal to the total Class 2 real property taxes paid by the qualified corporation/unincorporated qualified business for a qualified retail owned location during the taxable year not to exceed the lesser of the real property tax paid during the taxable year or \$5,000.

The credit in any one taxable year may exceed the qualified corporation/qualified unincorporated business's franchise tax liability, including any minimum tax due for that taxable year and is refundable to the qualified corporation/qualified unincorporated business claiming the credit.

The credit shall not apply if the qualified corporation/qualified unincorporated business is exempt from or receives any tax credits towards its real property tax or the qualified rental retail location or qualified owned retail location is otherwise exempt from real property tax.

# Qualified Corporation/Qualified Unincorporated Business Defined

The term "qualified corporation" or "qualified unincorporated business" means a corporation or unincorporated business that: is engaged in the business of making sales at retail and files a sales tax return reflecting those sales; has less than \$2,500,000 in federal gross receipts or sales; and is current on all District tax filings and payments.

# Qualified Retail Rental Location/Qualified Retail Owned Location Defined

The term "qualified retail rental location" or "qualified retail owned location" means a building or part of a building in the District that during the taxable year is: a retail establishment the premises in which the business of selling tangible personal property is conducted or in or from which any retail sales are made; the primary place of the retail business of the qualified corporation/ qualified unincorporated business; leased or owned by the qualified corporation/qualified unincorporated business; classified, in whole or in part, as Class 2 Property as defined in DC Code §47-813; and has obtained a Certificate of Occupancy for commercial use.

### Tax-Exempt and Government Properties

Businesses that lease a qualified retail rental location or own a qualified retail owned location that is exempt from real property taxation by the District (including government-owned buildings) are not eligible to claim this credit.

# Line Instructions

**Line 1** Enter the total amount of federal gross receipts or sales. If you have federal gross receipts or sales of \$2.5 million or more you are ineligible to claim the credit.

**Line 2** If you are a tenant, enter the amount of rent paid on the qualified retail rental location in taxable year 2023.

**Line 3** If you are an owner, enter the amount of Class 2 real property taxes paid on the qualified retail owned location in 2023, or, if you are a tenant, enter the amount of 10% of the rent paid on the qualified retail rental location in taxable year 2023.

Line 4 The credit limit is \$5,000.

**Line 5** Enter the smaller of Line 3 or Line 4 on Line 5. This is the amount of the credit that may be claimed. Enter the Line 5 amount on Schedule UB, Line 11 if incorporated, or Line 21 if unincorporated.

**Line 6** For the qualified retail location, enter the Owner or Landlord's name, address and telephone number.

**Line 7** If the property is a qualified retail owned location, enter the Square number, Suffix number and Lot number for the property as it appears on your real property tax bill or assessment.

**Note:** In addition to other requirements as listed above, all businesses must have a sales and use tax account with OTR and file all required returns in order to qualify for this credit. The Schedule SR cannot be filed as a standalone return. It must be filed with Schedule UB and the D-20 Corporation Franchise Tax Return, or D-30 Unincorporated Franchise Tax Return, as applicable. A business with multiple locations in the District may claim the credit for only one property owned or leased.