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Government of the District of Columbia

2024

Schedule 1B
Designated Agent and Members

2 4 2 3 0 M 1 1 0 0 0 2

Important: Print in CAPITAL letters using black ink.

Year of 10 Year Worldwide Election

OFFICIAL USE ONLY
Vendor ID# 0002

Taxpayer Identification Number (TIN)

Tax Year Ending (MMDDYYYY)

Designated agent or member's name

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

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

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. *Line 1 minus Line 2.*	Fill in if minus:	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.*	Fill in if minus:	8a	$
(b) Ordinary gains (loss). *Attach copy of federal Form 4797.*	Fill in if minus:	8b	$
9 Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund		9	$
10 Other income (loss). *Attach statement.*	Fill in if minus:	10	$
11 Total gross income. Add Lines 3 - 10	Fill in if minus:	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 $ .00			
(b) Minus nondeductible payments to related entities $ .00 =		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. *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 $ .00			
(b) Minus non-deductible payments to related entities $ .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. *Attach statement.*		26	$

Taxpayer Identification Number (TIN):

Name of Designated Agent:

2 4 2 3 0 M 1 2 0 0 0 2

Description			*This Schedule shall be completed by each member and the Designated Agent* **Designated Agent and/or Members**
27 Total deductions. *Add Lines 12-26.*		**27**	$
28 Net income. *Line 11 minus 27.*	Fill in if minus:	**28**	$
29 (a) Non-business income/state adjustment. *Attach statement.*	Fill in if minus:	**29a**	$
(b) Expense related to non-business income. *Attach statement.*		**29b**	$
(c) 29(a) minus 29(b).	Fill in if minus:	**29c**	$
30 Net income subject to apportionment. *Line 28 minus Line 29(c).*	Fill in if minus:	**30**	$
31 DC apportionment factor. *Combined Reporting Schedule 2B, Line 9*		**31**	$
32 Net income from trade or business apportioned to DC. *Line 30 from Combined Reporting Schedule 1A, multiplied by Line 31 factor.*	Fill in if minus:	**32**	$
33 Other income/deductions attributable to DC: *UB: Partner: Add your distributive share of post-apportioned salary allowance from the D30 Line 32:* _____ *UB: Partner: Add your distributive share of post-apportioned exemption from the D30 Line 33:* _____	Fill in if minus:	**33**	$
34 Total taxable income before apportioned NOL deduction. *Line 32 plus or minus Line 33. (Attach statement.)* *UB: Subtract salary allowance:* *UB: Subtract exemption:*	Fill in if minus:	**34**	$
35 Apportioned NOL deduction. (*Loss occurring in year 2000 and later)** **(Losses occurring in tax year 2018 or later are limited to 80%. See instructions).*		**35**	$
36 **DC taxable income.** *Line 34 minus Line 35.*	Fill in if minus:	**36**	$
37 Tax. *8.25% of Line 36.*		**37**	$
38 Minus nonrefundable credits, from Schedule UB, Line 9.		**38**	$
39 Total DC gross receipts. *Attach Minimum Tax Liability Gross Receipts worksheet.*		**39**	$
40 Net tax, *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.*		**40**	$
41 Payments and refundable credits: a) Tax paid with request for an extension of time to file		**41a**	$
b) Tax paid with the original return if this is an amended return		**41b**	$
c) Total 2024 estimated franchise tax payments.		**41c**	$
d) Refundable credits.		**41d**	$
42 If this is an amended 2024 return, enter refund requested with original return.		**42**	$
43 Total payments and credits. *Add Lines 41(a) through 41(d). Do not include Line 42.*		**43**	$
44 Estimated tax interest		**44**	$
45 Total amount due. *If Line 43 is smaller than the total of Lines 40 and 44, enter amount due.*		**45**	$
46 Overpayment. *If Line 43 is larger than the total of Lines 40 and 44 enter amount overpaid.*		**46**	$
47 Amount you want to apply to your 2025 estimated franchise tax.		**47**	$
48 Amount to be refunded. Line 46 minus Line 47.		**48**	$