★★★ Government of the District of Columbia

2025 Combined Group Members' Schedule

NOTE: READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

Important: Print in CAPITAL letters using black ink.

2 5 2 3 0 0 3 1 0 0 0 2

○ Worldwide

Taxpayer Identification Number of Designated Agent

Taxable year ending MMDDYYYY

Number of members in the combined group

Name of Designated Agent

Telephone number

Business mailing address line #1

Business mailing address line #2

City

State

Zip Code + 4

A — List the designated agent and all combined members	B — Taxpayer Identification Number	C — Was a separate DC franchise tax return filed in the prior year?	D — Is the member new to the combined group?	E — Was gross income received from District sources?	F — 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.

Revised 08/2025