



Print in CAPITAL letters using black ink

OFFICIAL USE ONLY Vendor ID# 0002

Taxpayer Identification Number (FEIN) Fill in [ ] if FEIN Fill in [ ] if SSN

Business name [ ]

Tax Year beginning July 1, 2018 and ending June 30, 2019 Due Date: July 31, 2018

Business mailing address line 1 [ ]

Business mailing address line 2 [ ]

City [ ] State [ ] Zip Code + 4 [ ]

Fill in [ ] if Amended Return Fill in [ ] if certified QHTC (Attach QHTC-Cert) Fill in [ ] if Final Return Fill in [ ] if remaining cost is \$225,000 or less

Statement of personal property and computation of personal property tax

A. Kind of business or profession: [ ]

B. Number of DC locations [ ] Report for all business locations in the District on one personal property tax return. Do not file separate returns for each location. (See instructions)

C. If a hotel or motel, enter the number of rooms [ ]

D. Are you a lessee or lessor of personal property not reported in Schedule A of this return? [ ] Yes [ ] No If "Yes", complete Schedule D-1 or D-2 as appropriate.

E. Are you a certified QHTC that purchased qualifying tangible personal property after December 31, 2000 that is used or held for use by the QHTC or leased under a capital lease to a certified QHTC? If so, complete Schedule D-3. [ ] Yes [ ] No

F. Are you a non QHTC that purchased qualifying tangible personal property after December 31, 2000 that is leased to a certified QHTC under a capital lease? If so, complete Schedule D-4. [ ] Yes [ ] No

G. Are there other companies doing business from your address under a lease, sublease or concession? If "Yes", attach a separate schedule listing the name of each company [ ] Yes [ ] No

Office building owners must attach a list of tenants as of July 1, 2018. Include the building address, taxpayer ID and room number.

Taxpayer name : \_\_\_\_\_



TIN: \_\_\_\_\_

	Column A - Original Cost Dollars (Round cents to the nearest dollar)	Column B - Remaining Cost (Current Value) Dollars (Round cents to the nearest dollar)
1. Books, DVDs and other reference material (from Schedule A)	\$ 00	\$ 00
2. Furniture, fixtures, machinery and equipment (from Schedule A)	\$ 00	\$ 00
3. Unregistered motor vehicles, unregistered trailers and other tangible personal property (from Schedule A)	\$ 00	\$ 00
4. Supplies (from Schedule B)	\$ 00	\$ 00
5. Total original cost of tangible personal property (Add Lines 1 through 4, Column A)	\$ 00	\$ 00
6. Remaining cost (Current Value) of personal property (Add Lines 1 through 4, Column B)		\$ 00
7. Deduct: Exclusion		\$ 225000 00
8. Taxable remaining cost (current value) of personal property (Line 6 minus Line 7). If Line 7 is equal to or greater than Line 6, make no more entries, sign below and mail.		\$ 00
<b>TAX RATE (\$3.40 per hundred)</b>		X .0340
9. TAX (Line 8 amount multiplied by .0340 tax rate)		\$ 00
10. Tax paid (if any) with FP-129A, request for extension of time to file		\$ 00
11. If this is an amended 2019 return, payments made with original 2019 FP-31		\$ 00
12. If this is an amended 2019 return, refunds requested with original 2019 return		\$ 00
13. Subtract Line 12 from the sum of Lines 10 and 11		\$ 00
14. Balance due (Line 9 minus Line 13. If less than zero, enter zero) Will this payment come from an account outside of the U.S.? <input type="radio"/> Yes <input type="radio"/> No See instructions.		\$ 00
15. Overpayment (If Line 13 is greater than Line 9, enter amount overpaid) Will this refund go to an account outside of the U.S.? <input type="radio"/> Yes <input type="radio"/> No See instructions.		\$ 00

Third party designee To authorize another person to discuss this return with OTR, fill in here  and enter the name and phone number of that person. See instructions.

Designee's name \_\_\_\_\_ Phone number \_\_\_\_\_

<b>PLEASE SIGN HERE</b>	Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.		Telephone Number of Person to Contact	
	_____ Officer's or owner's signature	_____ Title	_____ Date	_____-_____-_____
<b>PAID PREPARER ONLY</b>	Preparer's signature (If other than taxpayer)		PTIN	
	_____ Firm name	_____ Date	_____-_____-_____	
	Firm address		Preparer's Telephone Number	
				_____-_____-_____

Make check or money order (US dollars) payable to the DC Treasurer. Include your TIN, "FP-31" and tax year 2019 on your payment. See mailing instructions. Use the return envelope in this booklet.

QHTC-CERT 20\_\_\_\_  
 Certification for Qualified High  
 Technology Company



Official Use Only:VENDOR ID# 0002

Taxpayer Identification Number          
 Fill in  if FEIN Taxable Year Ending (MMYY)    
 Initial Year of Certification as QHTC (YYYY)    
 Fill in  if SSN

Name of Business 
 Real Property Eligible for Abatement  
 Square    
 Suffix    
 Lot

I certify that this business is a Qualified High Technology Company and that it (check all that apply):

1.  Is an individual or entity organized for profit;
2.  Leases or owns an office in the District of Columbia, attach copy of lease or proof of ownership;
3.  Has two or more qualified employees in the District of Columbia;
4.  Derives at least 51% of its gross revenues earned in the District from one or more of the following (check all that apply):
  - a.  Internet-related services and sales, etc., as defined in DC Code §47-1817.015(A)(i)(I),
  - b.  Information and communication technologies, equipment and systems that involve advanced computer software and hardware, data processing, visualization technologies, or human interface technologies, whether deployed on the Internet or other electronic or digital media,
  - c.  Advanced materials and processing technologies that involve the development, modification, or improvement of one or more materials or methods to produce devices and structures with improved performance characteristics or special functional attributes, or to activate, speed up, or otherwise alter chemical, biochemical, or medical processes,
  - d.  Engineering, production, biotechnology and defense technologies that involve knowledge-based control systems and architectures; advanced fabrication and design processes, equipment and tools; or propulsion, navigation, guidance, nautical, aeronautical and astronautical ground and airborne systems, instruments and equipment, or
  - e.  Electronic and photonic devices and components for use in producing electronic, optoelectronic, mechanical equipment and products of electronic distribution with interactive media content.
5.  Does not derive 51% or more of its gross revenue from the operation in DC of an online or brick and mortar retail store or an electronic equipment facility as defined in DC Code §47-1817.01 (5)(B)(i)II; or is a building or construction company or professional athletic team.
6.  Is not located in the DC Ballpark TIF Area as defined in DC Code §2-1217.12; and
7.  Is appropriately registered as a business in DC. (Visit [MyTax.DC.gov](http://MyTax.DC.gov))
8.  Enter description of the principal business activity

Under penalty of law, I declare that I have examined this certificate and, to the best of my knowledge, it is correct.

\_\_\_\_\_  
Signature of Owner or Officer

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
e-mail address

# **INSTRUCTIONS FOR FORM QHTC-CERT, CERTIFICATION FOR QUALIFIED HIGH TECHNOLOGY COMPANY**

## WHO MAY USE THE CERTIFICATION FORM?

Any business which qualifies and wishes to be certified as a Qualified High Technology Company.

## **How should a company submit Form QHTC-CERT?**

File the Form QHTC-CERT as an attachment to any of the DC tax returns shown below claiming tax benefits under the New E-Conomy Transformation Act of 2000.

Form D-20 – DC Corporate Franchise Tax Return  
Form FP-31 – DC Personal Property Tax Return  
Form D-65 – DC Partnership Return  
Form D-40 – Individual Income Tax Return with Schedule C attached

## **Instructions for completing Form QHTC-CERT**

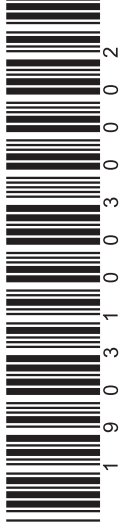
Enter the business name, the Taxpayer Identification Number (TIN), and the ending date of the taxable year. For businesses claiming an abatement of real property tax, fill in the square, suffix and lot numbers identifying the real property eligible for abatement. If claiming an abatement for more than one property, please attach a detailed listing. Also indicate the first year certified as a QHTC.

**Lines 1 through 8.** Place an X in each box that applies to your business.

The Form QHTC-CERT must be signed and dated by an Owner, General Partner or Officer of the business who is authorized to sign. Please provide the business' address, telephone, fax number and e-mail address.

**NOTE:** The boxes for lines 1, 2, 3, 4; and at least one box in line 4a through 4e; and lines 5 through 8 must be completed. If these boxes are not completed, the business is not a certified Qualified High Technology Company and is not entitled to any of the tax credits or other tax benefits of the New E-Conomy Transformation Act of 2000.

Taxpayer name: \_\_\_\_\_  
 TIN: \_\_\_\_\_



**Form FP-31 Personal Property  
 Schedules D-3 and D-4**

Tax Return Year Beginning \_\_\_\_\_, 20\_\_ and ending \_\_\_\_\_, 20\_\_  
 TIN: \_\_\_\_\_

**SCHEDULE D-3 - QUALIFYING TANGIBLE PERSONAL PROPERTY PURCHASED BY A CERTIFIED QHTC AND USED OR HELD FOR USE BY THE QHTC (OR LEASED UNDER A CAPITAL LEASE) TO A CERTIFIED QHTC.**

PROPERTY TYPE	PURCHASE DATE	QHTC CERT DATE	ORIGINAL COST	REMAINING COST	LESSOR'S NAME AND ADDRESS	MONTHLY RENT	DATE LEASE BEGAN
			\$	\$		\$	
TOTAL:			\$	\$			

**SCHEDULE D-4 - QUALIFYING TANGIBLE PERSONAL PROPERTY PURCHASED BY A NON QHTC AND LEASED TO A CERTIFIED QHTC UNDER A CAPITAL LEASE.**

PROPERTY TYPE	PURCHASE DATE	LESSEE'S CERT DATE	ORIGINAL COST	REMAINING COST	LESSOR'S NAME AND ADDRESS	MONTHLY RENT	DATE LEASE BEGAN
			\$	\$		\$	
TOTAL:			\$	\$			

**Use only the straight-line depreciation method**

**Schedule A**

Books, DVDs and other reference material, furniture, fixtures, machinery and equipment, unregistered motor vehicles, unregistered trailers and other tangible personal property. (If the total cost is over \$225,000, attach a copy of your latest balance sheet.)

(1) Type of Property	(2) Date Acquired Month/Year	(3) Depreciation Rate Used	(4) Original Cost	(5) Accumulated Depreciation as of June 30, 2018	(6) Remaining Cost (Current Value) July 1, 2018
			\$		\$
Total Original Cost (Also enter on appropriate Line(s) 1, 2 and/or 3 of Col. A, page 2 of FP-31)			\$	Total Remaining Cost (Current Value) (Also enter on appropriate Line(s) 1, 2 and/or 3 of Col. B, page 2 of FP-31.)	\$

**Schedule B** Cost of office and other supplies on hand as of July 1, 2018.

Type of Supplies	Basis of Valuation If Other Than Physical Inventory	Remaining Cost (Current Value) July 1, 2018
		\$
Total original cost of supplies on hand (Enter on Line 4 in both Col. A. and Col. B, page 2 of FP-31.)		\$

**Schedule C** Tangible personal property reported on last year's return and disposed of subsequently.

(1) Type of Property	(2) Date Acquired	(3) Original Cost	(4) Date of Disposition	(5) Method of Disposition	IF SOLD	(7) Sales Price
					(6) Name and Address of Purchaser	
		\$				\$

**Schedule D-1** Leased tangible personal property in DC in your possession. To be completed by lessee (other than a QHTC) only. (See the specific instructions for Schedule D-1)

(1) Type of Property	(2) Owner's Name and Complete Address	(3) Original Cost	(4) Date Lease Started	(5) Annual Rent
		\$		\$

**Schedule D-2** Leased tangible personal property in DC (other than leased to a QHTC). To be completed by lessor only. (See the specific instructions for Schedule D-2.)

(1) Type of Property	(2) Owner's Name and Complete Address	(3) Original Cost	(4) Date Lease Started	(5) Annual Rent
		\$		\$