

Government of the District of Columbia

2004 D-20 SUB Corporation Franchise Tax Return

040200310000

OFFICIAL USE ONLY

Federal Employer I.D. Number 123456789 Number of business locations In the District: 123 Outside the District: 123

Name of corporation ABCDEFGHIJKLMNOP Taxable year beginning MM/YY Taxable year ending MM/YY

Business address line #1 12345ABCDEF... Mark if X is your first return... Mark if: X AMENDED RETURN X CERTIFIED QHTC X CONSOLIDATED RETURN X FINAL RETURN

City ABCDEFGHIJKLMNOP State AB Zipcode 123456789

Mailing address line #1 12345ABCDEF...

Mailing address line #2 12345ABCDEF... NAICS CODE 123456

City ABCDEFGHIJKLMNOP State AB Zipcode 123456789

READ INSTRUCTIONS BEFORE PREPARING RETURN

Enter dollar amounts only. If amount is zero, leave line blank.

Table with 3 columns: Line number, Description, Amount. Includes sections for GROSS INCOME (Lines 1-10) and DEDUCTIONS (Lines 11-22).

STAPLE CHECK OR MONEY ORDER HERE

DEDUCTIONS

Taxpayer Name: ABCDEFGHIJKLMNOPQRSTUVWXYZ

040200320000

Federal Employer I.D. Number: 123456789

ENTER DOLLAR AMOUNTS ONLY

DEDUCTIONS
23. Pension, profit-sharing plans.....23 \$123456789123.00
24. Other deductions Attach statement.....24 \$123456789123.00
25. Total deductions Add Lines 11 - 2425 \$123456789123.00

26. Net income Line 10 minus Line 25..... Mark if minus X 26 \$123456789123.00
27. Net operating loss deduction (Before year 2000).....27 \$123456789123.00
28. Net income after net operating loss deduction Line 26 minus Line 27..... Mark if minus X 28 \$123456789123.00

29. (a) Non-business income Attach statement..... Mark if minus X 29a \$123456789123.00
(b) Expense related to non-business income Attach statement.....29b \$123456789123.00
(c) 29(a) minus 29(b)..... Mark if minus X 29c \$123456789123.00

30. Net income subject to apportionment Line 28 minus 29(c)..... Mark if minus X 30 \$123456789123.00

TAXABLE INCOME
31. DC apportionment factor From Line 5, column 3, Schedule F.....31 0.123456

32. Net income from trade or business apportioned to DC..... Mark if minus X 32 \$123456789123.00
Line 30 amount multiplied by Line 31 factor.

33. Portion of line 29(c) attributable to DC Attach statement..... Mark if minus X 33 \$123456789123.00

34. Total taxable income before apportioned NOL deduction..... Mark if minus X 34 \$123456789123.00
Line 32 plus or minus Line 33

35. Apportioned NOL deduction (Losses occurring in year 2000 and later).....35 \$123456789123.00

36. Total District taxable income Line 34 plus or minus Line 35..... Mark if minus X 36 \$123456789123.00

37. TAX 9.975% of Line 36. If less than \$100, enter \$100.....37 \$123456789123.00

38. (a) Tax paid if any, with request for extension of time to file or paid with original return if this is an amended return.....38a \$123456789123.00

(b) 2004 estimated franchise tax payments.....38b \$123456789123.00

(c) Economic development zone incentives credit from worksheet.....38c \$123456789123.00

(d) QHTC credits Do not apply against minimum tax. Attach D.C. Form D-20CR.....38d \$123456789123.00

39. Add lines 38(a), (b), (c), and (d) Enter total.....39 \$123456789123.00

40. Tax due If Line 37 is larger, subtract Line 39 from Line 37.....40 \$123456789123.00

41. Penalty \$12345.00 Total penalty and interest.....41 \$123456789123.00
Interest \$12345.00

42. Total due Add Lines 40 and 41.....42 \$123456789123.00

43. Overpayment If Line 39 is larger, subtract Line 37 from Line 39.....43 \$123456789123.00

44. Retraining costs credit Part G, Line 5, DC Form D-20CR.....44 \$123456789123.00

45. Amount you want to apply to your 2005 estimated franchise tax.....45 \$123456789123.00

46. Amount to be refunded Line 43 plus Line 44 minus Line 45.....46 \$123456789123.00
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.

Make check or money order payable to the D.C. Treasurer. Include your FEIN, "D-20" and tax year on your payment. Mail return and payment to: Office of Tax and Revenue, P.O. Box 801, Washington, D.C. 20044-0801, on or before the 15th day of the third month following the close of the tax year.

PLEASE SIGN HERE
Officer's signature Title Date Telephone number of person to contact
PAID PREPARER ONLY
Preparer's signature (If other than taxpayer) Date Firm name Firm address
Preparer's FEIN, SSN or PTIN 123456789
Do you want to allow the preparer to discuss this return with the Office of Tax and Revenue? If YES, mark here X