

2011 D-20 SUB Corporation Franchise Tax Return



Federal Employer I.D. Number 123456789

Number of business locations In the District: 123 Outside the District: 123

SOFTWARE DEVELOPER USE ONLY VENDOR ID # 1234

Name of corporation ABCDEFGHIJKLMNOP

Tax period ending (MMYY) MMYY

- Mark if: [X] AMENDED RETURN [X] CERTIFIED QHTC [X] COMBINED RETURN* [X] FINAL RETURN

Business mailing address #1 12345ABCDEF...GHIJKLMNOP

Business mailing address #2 12345ABCDEF...GHIJKLMNOP

City ABCDEFGHIJKLMNOP

State AB Zipcode 123456789

Designated Agent Name ABCDEFGHIJKLMNOP

Designated Agent FEIN 123456789

• READ INSTRUCTIONS BEFORE PREPARING RETURN (To allocate Non-Business items, see instructions.)

Enter dollar amounts only. If amount is zero, leave line blank. If minus, enter amount and mark X in oval.

GROSS INCOME

Table with 10 rows for Gross Income items (1-10) including descriptions, line numbers, and amounts.

DEDUCTIONS

Table with 11 rows for Deductions items (11-22) including descriptions, line numbers, and amounts.

Taxpayer Name: ABCDEFGHIJKLMNOPQRSTUVWXYZ

Federal Employer I.D. Number: 123456789



Enter dollar amounts only

DEDUCTIONS

23 Pension, profit-sharing plans.....	Mark if minus	X	23	\$123456789123.00
24 Other deductions <i>Attach statement</i>			24	\$123456789123.00
25 Total deductions <i>Add Lines 11 - 24</i>			25	\$123456789123.00
26 Net income <i>Line 10 minus Line 25</i>	Mark if minus	X	26	\$123456789123.00
27 Net operating loss deduction <i>(For years before 2000)</i>			27	\$123456789123.00
28 Net income after net operating loss deduction <i>Line 26 minus Line 27</i>	Mark if minus	X	28	\$123456789123.00
29(a) Non-business income/ <i>state adjustment</i> <i>Attach statement</i>	Mark if minus	X	29a	\$123456789123.00
(b) Expense related to non-business income <i>Attach statement</i>			29b	\$123456789123.00
(c) 29(a) minus 29(b).....	Mark if minus	X	29c	\$123456789123.00

TAXABLE INCOME

30 Net income subject to apportionment <i>Line 28 minus 29(c)</i>	Mark if minus	X	30	\$123456789123.00
31 DC apportionment factor <i>from Form D-20, Schedule F, col.3, line 6</i>			31	0.123456
32 Net income from trade or business apportioned to DC.....	Mark if minus	X	32	\$123456789123.00
<i>Line 30 amount multiplied by Line 31 factor.</i>				
33 Portion of line 29(c) attributable to DC <i>Attach statement</i>	Mark if minus	X	33	\$123456789123.00
34 Total taxable income <i>before</i> apportioned NOL deduction.....	Mark if minus	X	34	\$123456789123.00
<i>Line 32 plus or minus Line 33</i>				
35 Apportioned NOL deduction <i>(Losses occurring in year 2000 and later)</i>			35	\$123456789123.00
36 Total District taxable income <i>Line 34 minus Line 35</i>	Mark if minus	X	36	\$123456789123.00
37 TAX 9.975% of Line 36. <i>Minimum tax is \$250, unless DC gross receipts is greater than \$1M, then minimum tax is \$1,000</i>			37	\$123456789123.00

TAX - PAYMENTS AND CREDITS

38 Minus nonrefundable credits from Schedule UB, Line 6.....			38	\$123456789123.00
39 Net Tax <i>See instructions for minimum requirements</i>			39	\$123456789123.00
40 Payments and Refundable Credits:				
(a) Tax paid <i>if any, with request for an extension of time to file or paid with original return if this is an amended return</i>			40a	\$123456789123.00
(b) 2011 estimated franchise tax payments.....			40b	\$123456789123.00
(c) Refundable credits from Schedule UB, Line 9.....			40c	\$123456789123.00
41 Add Lines 40(a), (b) and (c).....			41	\$123456789123.00
42 Tax due <i>If Line 39 amount is larger, subtract Line 41 from Line 39</i>			42	\$123456789123.00
<i>Will this payment come from an account outside the U.S.?</i> X Yes X No <i>See instructions</i>				
43 Overpayment <i>If Line 41 amount is larger, subtract Line 39 from Line 41</i>			43	\$123456789123.00
44 Amount you want to apply to your 2012 estimated franchise tax.....			44	\$123456789123.00
45 Amount to be refunded <i>Line 43 minus Line 44</i>			45	\$123456789123.00
<i>Will this refund go to an account outside the U.S.?</i> X Yes X No <i>See instructions</i>				

Payment due return - make payment payable to the D.C. Treasurer. Include your F E I N, "D-20" and tax year on your payment and attach it to the D-2030P voucher. Mail return and payment to the Office of Tax and Revenue, PO Box 679, Washington, DC 20044-0679

Refund or no payment due return - mail return to the Office of Tax and Revenue, PO Box 221, Washington, DC 20044-0221 Your return is due by the 15th day of the third month following the close of the tax year.

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.

PLEASE SIGN HERE PAID PREPARER ONLY

Officer's signature	Title	Date
Preparer's signature (If other than taxpayer)	Date	Firm name

1234567890 Telephone number of person to contact

Preparer's PTIN 123456789

If you want to allow the preparer to discuss this return with the Office of Tax and Revenue, mark here X