



This is a FILL-IN format. Please do not handwrite
any data on this form other than your signature.

Federal Employer I.D. Number <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		Number of business locations In the District: <div style="border: 1px solid black; width: 40px; height: 20px;"></div> Outside the District: <div style="border: 1px solid black; width: 40px; height: 20px;"></div>		OFFICIAL USE ONLY Vendor ID# 0002	
Name of corporation <div style="border: 1px solid black; width: 400px; height: 20px;"></div>			Tax period ending (MMYY) <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div>		Fill in <input type="radio"/> if Amended Return
					Fill in <input type="radio"/> if Final Return
Business mailing address #1 <div style="border: 1px solid black; width: 400px; height: 20px;"></div>					Fill in <input type="radio"/> if Certified QHTC
Business mailing address #2 <div style="border: 1px solid black; width: 400px; height: 20px;"></div>					Fill in <input type="radio"/> if Combined Report*
					*You must fill in the Designated Agent info below
City <div style="border: 1px solid black; width: 400px; height: 20px;"></div>			State <div style="border: 1px solid black; width: 40px; height: 20px;"></div>	Zip Code + 4 <div style="border: 1px solid black; width: 100px; height: 20px;"></div>	
Designated Agent Name <div style="border: 1px solid black; width: 400px; height: 20px;"></div>			Designated Agent FEIN <div style="border: 1px solid black; width: 100px; height: 20px;"></div>		

• 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 fill in oval.

GROSS INCOME

1	Gross receipts, minus returns and allowances.		1	\$	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	.00
2	Cost of goods sold (from D-20 Schedule A) and/or operations. Attach statement.		2	\$	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	.00
3	Gross profit from sales and/or operations. Line 1 minus Line 2.	Fill in if minus: <input type="radio"/>	3	\$	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	.00
4	Dividends from Form D-20, Schedule B.		4	\$	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	.00
5	Interest. Attach statement.		5	\$	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	.00
6	Gross rental income from D-20, Schedule I, Column 3.		6	\$	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	.00
7	Gross royalties. Attach statement.		7	\$	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	.00
8(a)	Net capital gain. Attach copy of federal Form 1120, Schedule D.		8(a)	\$	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	.00
	(b) Ordinary gain (loss) from Part II, fed. Form 4797, attach copy	Fill in if minus: <input type="radio"/>	8(b)	\$	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	.00
9	Other income (loss). Attach statement.	Fill in if minus: <input type="radio"/>	9	\$	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	.00
10	Total gross income. Add Lines 3-9.	Fill in if minus: <input type="radio"/>	10	\$	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	.00

DEDUCTIONS

11	Compensation of officers from Form D-20, Schedule C.		11	\$	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	.00
12	Salaries and wages.		12	\$	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	.00
13	Repairs.		13	\$	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	.00
14	Bad debts.		14	\$	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	.00
15	Rent		15	\$	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	.00
16	Taxes from Form D-20, Schedule D.		16	\$	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	.00
17(a)	Interest payments	\$ <div style="border: 1px solid black; width: 40px; height: 20px;"></div> 00				
	(b) Minus nondeductible payments to related entities	\$ <div style="border: 1px solid black; width: 40px; height: 20px;"></div> 00 =	17c	\$	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	.00
18	Contributions and/or gifts. Attach statement.		18	\$	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	.00
19	Amortization. Attach a copy of your federal Form 4562.		19	\$	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	.00
20	Depreciation. Attach a copy of your federal Form 4562. Do not include any additional federal sec. 179 expenses or bonus depreciation.		20	\$	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	.00
21	Depletion. Attach statement.		21	\$	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	.00
22(a)	Enter royalty payments made	\$ <div style="border: 1px solid black; width: 40px; height: 20px;"></div> 00				
	(b) Minus nondeductible payments to related entities	\$ <div style="border: 1px solid black; width: 40px; height: 20px;"></div> 00 =	22c	\$	<div style="border: 1px solid black; width: 100px; height: 20px;"></div>	.00

Taxpayer Name: _____

Federal Employer I.D. Number: _____



DEDUCTIONS		ENTER DOLLAR AMOUNTS ONLY	
23	Pension, profit-sharing plans. Fill in if minus: <input type="radio"/>	23	\$ 00
24	Other deductions. Attach statement.	24	\$ 00
25	Total deductions. Add Lines 11-24.	25	\$ 00
26	Net income. Line 10 minus Line 25. Fill in if minus: <input type="radio"/>	26	\$ 00
27	Net operating loss deduction. (For years before 2000.)	27	\$ 00
28	Net income after net operating loss deduction. Fill in if minus: <input type="radio"/> Line 26 minus Line 27.	28	\$ 00
29	(a) Non-business income/state adjustment. Attach statement. Fill in if minus: <input type="radio"/>	29a	\$ 00
	(b) Expense related to non-business income. Attach statement.	29b	\$ 00
	(c) 29(a) minus 29(b). Fill in if minus: <input type="radio"/>	29c	\$ 00
30	Net income subject to apportionment. Fill in if minus: <input type="radio"/> Line 28 minus Line 29(c).	30	\$ 00
31	DC apportionment factor from Form D-20, Schedule F, col. 3, Line 6.	31	
32	Net income from trade or business apportioned to DC. Line 30 amount multiplied by Line 31 factor. Fill in if minus: <input type="radio"/>	32	\$ 00
33	Portion of Line 29(c) attributable to DC. Fill in if minus: <input type="radio"/> Attach statement.	33	\$ 00
34	Total taxable income before apportioned NOL deduction. Line 32 plus or minus Line 33. Fill in if minus: <input type="radio"/>	34	\$ 00
35	Apportioned NOL deduction. (Losses occurring in year 2000 and later.)	35	\$ 00
36	Total District taxable income, Line 34 minus Line 35. Fill in if minus: <input type="radio"/>	36	\$ 00
37	Total DC Gross Receipts (Line '4' from MTLGR worksheet.)	37	\$ 00
38	Tax 9.975% of Line 36. The minimum tax is \$250 if DC gross receipts is \$1M or less. The minimum tax is \$1,000 if DC gross receipts is greater than \$1M.	38	\$ 00
39	Minus nonrefundable credits from Schedule UB, Line 6	39	\$ 00
40	Net tax, See instructions for minimum requirements.	40	\$ 00
41	Payments and refundable credits:		
	(a) Tax paid, if any, with request for an extension of time to file or paid with original return if this is an amended return.	41a	\$ 00
	(b) 2012 estimated franchise tax payments.	41b	\$ 00
	(c) Refundable credits from Schedule UB, Line 9.	41c	\$ 00
42	Add lines 41(a), (b) and (c).	42	\$ 00
43	Tax due. If Line 40 amount is larger, subtract Line 42 from Line 40. Will this payment come from an account outside the U.S.? <input type="radio"/> Yes <input type="radio"/> No See instructions.	43	\$ 00
44	Overpayment. If Line 42 amount is larger, subtract Line 40 from Line 42.	44	\$ 00
45	Amount you want to apply to your 2013 estimated franchise tax.	45	\$ 00
46	Amount to be refunded. Line 44 minus Line 45. Will this refund go to an account outside of the U.S.? <input type="radio"/> Yes <input type="radio"/> No See instructions.	46	\$ 00
47	Enter FAS 109 Deduction from Worksheet	47	\$ 00

PLEASE SIGN HERE	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.			
	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 PTIN		If you want to allow the preparer to discuss this return with the Office of Tax and Revenue fill in the oval. <input type="radio"/>	

Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)		Schedule B - Dividends (See specific instructions for Line 4.)	
1. Inventory at beginning of year.....	\$	NAME AND ADDRESS OF DECLARING CORPORATION	AMOUNT
2. Merchandise bought for manufacture or sale.....			\$
3. Salaries and wages.....			
4. Other costs per books (attach statement)..... (Additional federal bonus depreciation is not allowable.)			
5. Total	\$		
6. Minus: Inventory at end of tax year.....			
7. Cost of goods sold (Enter here and on D-20 Line 2.)	\$		
Method of inventory valuation:			
		Total Dividends	\$
		Minus deduction for Subpart F Income.	
		Minus deduction for dividends received from wholly-owned subsidiary	
		TOTAL (Enter here and on D-20, Line 4.)	\$

Schedule C - Compensation of officers (See specific instructions for Line 11.)						
Col. 1 Name and Address of Officer	Col. 2 Official Title	Col. 3 Percent of Time Devoted to Business	Percent of Corporation Stock Owned		Col. 6 Amount of Compensation	Col. 7 Expense Account Allowances
			Col. 4 Common	Col. 5 Preferred		
		%	%	%	\$	\$
		%	%	%		
		%	%	%		
		%	%	%		
		%	%	%		
TOTAL COMPENSATION OF OFFICERS (Enter here and on D-20, Line 11.)					\$	

Schedule D - Taxes (See specific instructions for Line 16.)			
EXPLANATION	AMOUNT	EXPLANATION	AMOUNT
	\$		\$
		TOTAL (Enter here and on D-20, Line 16.)	\$

Schedule E - Reconciliation of the net income reported on Federal and DC returns			
1. Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return).	\$	7. Total District taxable income reported (from D-20, Line 36).	\$
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME		NON-TAXABLE INCOME AND ADDITIONAL DEDUCTIONS	
2. Income taxes (see specific instructions for line 16).		8. Net income apportioned or allocated to outside DC.	
3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.		9. Other non-taxable income and additional deductions including NOL (itemize):	
4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.		(a) _____	
5. Other unallowable deductions and additional income (itemize, include additional federal bonus depreciation and additional IRC § 179 expenses).		(b) _____	
(a) _____			
(b) _____			
6. TOTAL of Lines 1–5.	\$	10. TOTAL of Lines 7, 8 and 9.	\$

Round cents to the nearest dollar. If an amount is zero, leave the line blank.

Carry all factors to six decimal places

Schedule 1 - Combined Report Tax Due				
Tax Due Combined Group Report	Tax Due Intercompany Eliminations	Tax Due Total Before Eliminations	Tax Due Designated Agent	Tax Due Member 1
Tax Due Member 2	Tax Due Member 3	Tax Due Member 4	Tax Due Member 5	

Beginning of Taxable Year

End of Taxable Year

ASSETS

LIABILITIES AND CAPITAL

Schedule H-2 – Analysis of Unappropriated Retained Earnings per Books

Schedule I – Income from Rent

*excludes federal 30% and 50% bonus depreciation and additional IRC §179 expenses deductions.

Schedule I-1 – Explanation of deductions claimed in Columns 5 and 6 of Schedule I.

[illegible]

Supplemental Information

1. STATE OR COUNTRY OF INCORPORATION	2.(a) DATE OF INCORPORATION	2.(b) DATE BUSINESS BEGAN IN DC	3. IRS SERVICE CENTER WHERE FEDERAL RETURN WAS FILED FOR PERIOD COVERED BY THIS RETURN:
4. THE CORPORATION'S BOOKS ARE IN THE CARE OF –		5. LOCATED AT –	

6. During 2012, has the Internal Revenue Service made or proposed any adjustments to your federal income tax return, or did you file any amended returns with the IRS? YES <input type="radio"/> NO <input type="radio"/> If "YES", please submit separately a detailed statement, unless previously submitted, to the address shown on page 7 under Amended returns.		If you have already provided OTR with a detailed statement, enter the date it was sent. <div style="border: 1px solid black; width: 150px; height: 20px; margin: 5px auto;"></div> MM/DD/YYYY
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7. Is this corporation affiliated with a partnership or another corporation?	<input type="radio"/> YES <input type="radio"/> NO	If yes, explain:
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8. Is this return made on the accrual basis?	<input type="radio"/> YES <input type="radio"/> NO	If no, indicate basis used: <input type="radio"/> Cash Basis <input type="radio"/> Other (specify)
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9. Did you file a franchise tax return with DC for the year 2011?	<input type="radio"/> YES <input type="radio"/> NO	If no, state reason
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10. Did you withhold DC income tax from wages paid to your DC resident employees during 2012?	<input type="radio"/> YES <input type="radio"/> NO	If no, state reason:
---	--	----------------------

11. Did you file annual information returns, federal forms 1096 and 1099, relating to payment of dividends and interest for 2012?	<input type="radio"/> YES <input type="radio"/> NO
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12. (a) Has the business been terminated?	<input type="radio"/> YES <input type="radio"/> NO	If yes, explain and give date:
(b) Have you moved out of DC?	<input type="radio"/> YES <input type="radio"/> NO	

Worldwide Combined Reporting Election Form



FEIN/SSN of Designated Agent

Fill in ☐ if FEIN

First year of election: YYYY

☐ Worldwide

Fill in ☐ if SSN

Name of Designated Agent

Telephone number

Business address line #1

Business address line #2

City

State

Zip code +4

- In accordance with the provisions of DC Official Code § 47-1810.07 and the combined reporting regulations, election is hereby made to report on a worldwide unitary combined basis.
- A worldwide unitary combined reporting election is binding for and applicable to the tax year it is made and all years thereafter for a period of ten years.
- It may be withdrawn or reinstituted after withdrawal, prior to the expiration of the ten-year period, only upon written request for reasonable cause based on extraordinary hardship due to unforeseen changes in state tax statutes, law or policy and only with the written permission from the Office of Tax and Revenue.
- Upon the expiration of the ten-year period, a taxpayer may withdraw from the worldwide unitary combined reporting election.
- Withdrawal must be made in writing within one year of the expiration of the election and is binding for a period of ten years, subject to the same conditions as applied to the original election.

Date Beginning Tax Period: MMDDYYYY

Date Ending Tax Period: MMDDYYYY

Authorized Signature

Printed Name

Date

Under penalties of law, I declare that the designated agent has authorized me to sign on behalf of all members of the combined group, and that I have examined this form and the information contained herein is, to the best of my knowledge and belief, correct and complete.



OFFICIAL USE ONLY
Vendor ID# 0002

Important: This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

Taxpayer Identification Number

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Fill in ☐ if FEIN

Fill in ☐ if filing a D-20 Return

Fill in ☐ if SSN

Fill in ☐ if filing a D-30 Return

Enter your business name

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D-20 Return

Nonrefundable Credits

1 Economic Development Zone Incentives Credit *from the worksheet on page 12.*

1 \$

--	--	--	--	--	--	--	--

 .00

2 Qualified High Technology Company Credit *from Part F, DC Form D-20CR, from pub. 399.*

2 \$

--	--	--	--	--	--	--	--

 .00

3 Organ and Bone Marrow Donor Credit *(see computation on reverse side).*

3 \$

--	--	--	--	--	--	--	--

 .00

4 Job Growth Incentive Act

4 \$

--	--	--	--	--	--	--	--

 .00

5 RESERVED

5 \$

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 .00

6 Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 39.
These credits may not be applied against the required minimum tax.

6 \$

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 .00

Refundable Credits

7 Qualified High Technology Company Retraining Costs Credit *from Part G, Form D-20CR, from pub. 399.*

7 \$

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 .00

8 RESERVED

8 \$

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 .00

9 Total the refundable D-20 credits, enter here and on Form D-20, Line 41(c).

9 \$

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 .00

D-30 Return

Nonrefundable Credits

10 Economic Development Zone Incentives Credit *from the worksheet on page 12.*

10 \$

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 .00

11 Organ and Bone Marrow Donor Credit *(see computation on reverse side).*

11 \$

--	--	--	--	--	--	--	--

 .00

12 Job Growth Incentive Act

12 \$

--	--	--	--	--	--	--	--

 .00

13 RESERVED

13 \$

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 .00

14 Total the nonrefundable D-30 credits, enter here and on Form D-30, Line 39.
These credits may not be applied against the required minimum tax.

14 \$

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 .00

Refundable Credits

15 Qualified High Technology Company Retraining Costs Credit *from Line 6, DC Form D-30CR, from pub. 399.*

15 \$

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 .00

16 RESERVED

16 \$

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 .00

17 Total the refundable D-30 credits, enter here and on Form D-30, Line 41(c).

17 \$

--	--	--	--	--	--	--	--

 .00

Schedule UB Instructions

Qualified High Technology Companies

If you claim credits on Lines 2 or 7 above, attach a copy of your DC Form D-20CR to the D-20.

If you claim a credit on line 15 above, attach a copy of your DC Form D-30CR to the D-30.

Organ and Bone Marrow Donor Credit

An employer who provides an employee with paid leave to donate an organ (up to 30 days leave) or to donate bone marrow (up to 7 days leave) is eligible to claim a credit against the franchise tax. The credit is equal to 25% of the salary paid to the employee during the leave period. If you take the credit, you may not also deduct the salary paid to the donor employee for that period. This credit is not available if the employee is eligible for leave under the Family and Medical Leave Act of 1993.

Organ and Bone Marrow Donor Credit — Computation —			
Column 1 Credit Category	Column 2 Total Paid Leave	Column 3 Leave Credit Calculation	Column 4 Total Credit
Organ Donor(s)	Total Paid Leave Wages \$ _____	Col 2 _____ amt. × 25% _____ \$ _____	\$ _____
Bone Marrow Donor(s)	Total Paid Leave Wages \$ _____	Col 2 _____ amt. × 25% _____ \$ _____	\$ _____
		Total of Col. 4. Enter here and on Schedule UB*.	

*Line 3 for D-20 filers
 Line 11 for D-30 filers