

# 2012 D-20 Corporation Franchise Tax Return



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

	urry	data on this form other than your signature.					
	Fede	eral Employer I.D. Number	ie	usiness locations Outside the		OFFICIAL USE ONLY Vendor	ID# 0002
	Nam	Distr ne of corporation	ICT:	District:	Tax period ending	g (MMYY) Fill in if Amend	ded Return
						Fill in if Final I	Return
	Busir	ness mailing address #1				Fill in if Certific	ed QHTC
						Fill in if Comb	ined Report*
	Busi	ness mailing address #2			*You must fill in the Designa	ted Agent info below	
						Fill in if World	
	City				State Zip C	ode + 4	ilea with this return
	Desig	gnated Agent Name			Desig	gnated Agent FEIN	
	•RE	AD INSTRUCTIONS BEFORE PREPARING RETUR	RN• (To allocate Non	n-Business Items, see instructions	) If amount	Enter dollar amounts only. is zero, leave line blank; if minus, enter amo	ount and fill in oval.
	1	Gross receipts, minus returns and allo	wances.		1 \$		00
	2	Cost of goods sold (from D-20 Schedu Attach statement.	le A) and/or ope	erations.	2 \$		00
GROSS INCOME	3	Gross profit from sales and/or operatio Line 1 minus Line 2.	ns.	3 \$		00	
	4	Dividends from Form D-20, Schedule B.		4 \$		.00	
	5	Interest. Attach statement.		5 \$		00	
	6	Gross rental income from D-20, Schedule	I, Column 3.	6 \$		00	
	7	Gross royalties. Attach statement.	7 \$		00		
	8(a	) Net capital gain. Attach copy of federal Fo	8(a)\$		00		
	(b	) Ordinary gain (loss) from Part II, fed. Form	n 4797, attach co	ppy Fill in if minus:	8(b)\$		.00
	9	Other income (loss). Attach statement.		Fill in if minus:	9 \$		.00
	10	Total gross income. Add Lines 3–9.		Fill in if minus:	10 \$		.00
	11	Compensation of officers from Form D-	20, Schedule C.		11 \$		00
	12	Salaries and wages.			12 \$		00
	13	Repairs.			13 \$		00
	14	Bad debts.			14 \$		00
(0	15	Rent			15 \$		00
EDUCTIONS	16	Taxes from Form D-20, Schedule D.			16 \$		00
JCT	17(	a) Interest payments	\$	00			
ED	(	b) Minus nondeductible payments to relate	d entities \$	00 =	= 17c\$		00
	18	Contributions and/or gifts. Attach state.	ment.		18 \$		00
	19	Amortization. Attach a copy of your fede	ral Form 4562.		19 \$		.00
	20	Depreciation. Attach a copy of your federary additional federal sec. 179 expenses of			20 \$		.00
	21	Depletion. Attach statement.			21 \$		00
	22(	a) Enter royalty payments made	\$	00			
	(	b) Minus nondeductible payments to relate	d entities \$	00 =	= 22c\$		.00

Taxpaver Name:		Ш	ı
Taxpayor Tarrio.	<b>i i</b> i i i i i i i i i i i i i i i i i	ш	ı


Fed	deral E	mployer I.D. Number:					
					ENTER	R DOLLAR AMOUNTS ONLY	
NOL	23 24 25	Pension, profit-sharing plans.	Fill in if minus:	23			00
COC	24	Other deductions. Attach statement.		24			00
DEL	25	Total deductions. Add Lines 11–24.		25			00
	26	Net income. Line 10 minus Line 25.	Fill in if minus:	26			00
	27	Net operating loss deduction. (For years before 2000.)		27			00
	28	Net income after net operating loss deduction.  Line 26 minus Line 27.	28			.00	
	29	(a) Non-business income/state adjustment. Attach statement	t. Fill in if minus:	29a	\$		00
		(b) Expense related to non-business income. Attach statem	ent.	29b	\$		00
<b>ICOME</b>		(c) 29(a) minus 29(b).	Fill in if minus:	290	:\$		00
	30 31 32 33	Net income subject to apportionment. Line 28 minus Line 29(c).	Fill in if minus:	30			00
<u>=</u> Щ	31	DC apportionment factor from Form D-20, Schedule F, col. 3, L	ine 6.	31			
4XABL	32	Net income from trade or business apportioned to DC. Line 30 amount multiplied by Line 31 factor	Fill in if minus:	32			00
ĭ	33	Portion of Line 29(c) attributable to DC.  Attach statement.	Fill in if minus:	33			00
	34	Total taxable income before apportioned NOL deduction. <i>Line 32 plus or minus Line 33.</i>	Fill in if minus:	34			00
	35	Apportioned NOL deduction. (Losses occurring in year 2000 a	and later.)	35			00
	36	Total District taxable income, Line 34 minus Line 35.	Fill in if minus:	36			00
	37	Total DC Gross Receipts (Line '4' from MTLGR worksheet.)		37			00
LS		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
EDI	39 40	Minus nonrefundable credits from Schedule UB, Line 6		39			00
CR	40	Net tax, See instructions for minimum requirements.		40			00
10	41	Payments and refundable credits: (a) Tax paid, if any, with request for an extension of timpaid with original return if this is an amended return	c paid, if any, with request for an extension of time to file or				
1EN		(b) 2012 estimated franchise tax payments.		41b	\$		00
AYN		(c) Refundable credits from Schedule UB, Line 9.		410	\$		00
X P	42	Add lines 41(a), (b) and (c).		42			00
T	42 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.? Yes	O.  No See instruction	43 ons.			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 fram	nchise tax.	45			00
		Amount to be refunded. Line 44 minus Line 45.  Will this refund go to an account outside of the U.S.? Yes	No See instructions				00
		Enter FAS 109 Deduction from Worksheet	t of many lampanal and an it is no	47	P	hazad an the information projects to the	00
	LEASE SIGN HERE	Under penalties of law, I declare that I have examined this return and, to the best	t of the knowleage, it is co	oriect. Decla	nauon or paid preparer is	b based on the information available to the	preparer.
	IILIKE	Officer's signature Title		Date		Telephone number of person to contact	et
	PAID EPAREI	3					
	ONLY	Preparer's signature (if other than taxpayer)  Date  Preparer's PTIN			nt to allow the preparer t	Firm address o discuss this return with the Office	

Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)			Schedule B - Dividends (See specific instructions for Line 4.)						
Inventory at beginning of year	\$				NAME AND ADDR	ESS OF DECLARING C	ORPORATION	AN	MOUNT
Merchandise bought for manufacture or sale								\$	
-									
Salaries and wages      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			\$	
				Minu	is deduction for Su	bpart F Income.			
					ıs deduction for div ly-owned subsidary		rom		
				TOTA	AL (Enter here and	on D-20, Line 4.	)	\$	
Schedule C - Compensation of officers (See spe	cific ins	structions	for Lin	ne 11.)			l		
		ol. 2		l. 3	Percent of (		Col. 6	Т	Col. 7
Col. 1 Name and Address of Officer		ial Title	Devo	of Time ted to siness	Col. 4 Common	Col.5 Preferred	Amount of Compensation		Expense Account Allowances
				%	%	%	<del>                                     </del>	\$	
				70	ή ΄΄	70	Ψ	ļΦ	
				0/	0/	0/			
				%	%	%			
								+	
				%	%	%			
				, •		, ,			
				0/	0/	0/			
				%	9 %	%			
TOTAL COMPENSATION OF OFFICERS (Enter here	and on	D-20. Li	ne 11.)	)			\$		
Schedule D - Taxes (See specific instructions for							<u> </u>		
EXPLANATION			TNUC	Т		EXPLANATION		Al	MOUNT
		\$						\$	
					TOTAL (Enter here	and on D-20, Lin	e 16.)	\$	
Schedule E - Reconciliation of the net income  1. Taxable income before net operating loss deduction and si		ed on F	ederal	and D	C returns			_	
deductions (page 1 of your Federal corporate return).	рестат	\$			Total District taxab	le income reporte	d (from D-20, Line	\$	
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME				36).					
2. Income taxes (see specific instructions for line 16).				NC	ON-TAXABLE INCO	ME AND ADDITIO	NAL DEDUCTION	S	
DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.				8. Net income apportioned or allocated to outside DC.					
4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.					Other non-taxable including NOL (iter		ional deductions		
5. Other unallowable deductions and additional income (iten include additional federal bonus depreciation and addition					(a)				
IRC § 179 expenses). (a)					(b)				
(b)				$\neg$	(D)				
6. TOTAL of Lines 1–5.		\$		10	D. TOTAL of Lines 7	7, 8 and 9.		\$	



Schedule F - DC apportionment factor (See page 8 of the instructions.)							
Round cents to the nearest dollar. If an amount is zero, leave the lin	Carry all	factors to six decimal places					
PROPERTY FACTOR: Average value of real estate and tangible personal property owned or rented to and used by the unincorpo-	Column 1 TOTAL	Column 2 in DC	Column 3 Factor (Column 2 divided by Column 1)				
rated business.	\$ 00 \$	.00	•				
PAYROLL FACTOR: Total compensation paid or accrued by the unincorporated business.	\$ 00 \$	.00					
3. <b>SALES FACTOR:</b> All gross receipts of the unincorporated business other than gross receipts from items of non-business income.	\$ .00 \$	.00					
4. SALES FACTOR: Enter factor from Column 3, Line 3							
5. SUM OF FACTORS: (Add Column 3 entries, Lines 1 through 4.)							
<ol> <li>DC APPORTIONMENT FACTOR: Line 5 divided by 4 if there the actual number of factors in Col. 3. Enter on D-20, Line 31.</li> </ol>	are 4 denominators. If fewer than 3 entries in C	Col. 1, divide Line 5 by					

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

nedule G - Balance Sheets	Beginning of	Taxable Year	End of Ta	xable Year
	(A) Amount	(B) Total	(A) Amount	(B) Total
1. Cash				
2. Trade notes and accounts receivable				
(a) MINUS: Allowance for bad debts				
3. Inventories				
4. Gov't obligations: (a) U.S. and its instrumentalities				
(b) States, subdivisions thereof, etc				
5. Other current assets (attach statement)				
6. Loans to stockholders				
7. Mortgage and real estate loans				
8. Other investments (attach statement)				
9. Buildings and other fixed depreciable assets				
(a) MINUS: Accumulated depreciation				
10. Depletable assets				
(a) MINUS: Accumulated depletion				
11. Land (net of any amortization)				
12. Intangible assets (amortizable only)				
(a) MINUS: Accumulated amortization				
13. Other assets (attach statement)				
14. TOTAL ASSETS				
15. Accounts payable				
16. Mortgages, notes, bonds payable in less than 1 year.				
17. Other current liabilities (attach statement)				
18. Loans from stockholders				
19. Mortgages, notes, bonds payable in 1 year or more				
20. Other liabilities (attach statement)				
21. Capital stock: (a) Preferred stock				
(b) Common stock				
22. Paid-in or capital surplus (attach statement)				
23. Retained earnings - Appropriated (attach statement)				
24. Retained earnings - Unappropriated				
25. MINUS: Cost of treasury stock		)		(
26. TOTAL LIABILITIES AND CAPITAL				

2012 FORM D-20 SCHEDULE F

Jonicaule II	$\cdot 1$ – Reconciliation of I	ilcome (Loss	) her bu	oks with inco	me (Loss) pe	er Return			
1. Net income	per books		\$				oks this year and not	\$	
2. Federal inc	ome tax					n this return ( ot interest \$	(itemize).		
4. Taxable inc	apital losses over capital a ome not recorded on bookize)	ks this			· ————				
	ecorded on books this yea on this return (itemize).	r and not			8. Deductions on this tax return and not charged against book income this year (itemize).				
(a) Depr	eciation \$				(a) Depreciation \$ (b) Depletion \$				
(b) Depl	(b) Depletion \$						8	\$	
6. TOTAL of L	ines 1 through 5		\$				nus Line 9 of this Schedule.)	\$	
Schedule H	2 – Analysis of Unapp	ropriated Re	tained E	arnings per Bo	ooks				
1. Balance at	beginning of year		\$		5. Distribution	ıs: (a) Ca	ısh	\$	
2. Net income	per books						ock		
3. Other increa	ases (itemize)					(c) Pr	operty		
					6. Other decreases (itemize).				
					7. TOTAL of L	ines 5 and 6		\$	
4 TOTAL of L	ines 1, 2 and 3.		\$		8. Balance at end of year (Line 4 minus Line 7)		\$		
11.101112.01.2			Ψ				,	1 7	
Schedule I	- Income from Rent								
Col. 1	Address of Property	Col. 2 Kind Property		Col. 3 Gross Amount of Rent	or Amorti	preciation* zation (Per orm 4562)	Col. 5 Repairs (Explain in Sch. I-1)	and other	axes, Interest er Expenses*
1					reuciair				,
			\$		\$		\$	\$	
			\$		_		\$	\$	
2			\$		_		\$	\$	
2			\$		_		\$	\$	
2			\$		_		\$	\$	
2 3 4			\$		_		\$	\$	
2 3 4			\$		_		\$	\$	
2	Enter the total of Column total of Column 4, 5, an	d 6 on approp	\$		\$	luctions		\$	
2	Enter the total of Column total of Column 4, 5, an eral 30% and 50% bonu	d 6 on approp s depreciation	\$ riate ded	itional IRC §179	\$ sexpenses dec				
2	Enter the total of Column total of Column 4, 5, an	d 6 on approp s depreciation	\$ riate ded	itional IRC §179	\$  expenses decorated of Schedule				
2	Enter the total of Column total of Column 4, 5, an eral 30% and 50% bonu	d 6 on approps depreciation uctions claim	\$ riate ded	itional IRC §179	\$ sexpenses dec				Amount
2	Enter the total of Column total of Column 4, 5, an eral 30% and 50% bonu 1 – Explanation of dedu	d 6 on approps depreciation uctions claim	\$ riate ded	itional IRC §179	\$  expenses decorate of Schedule  Column		\$		
2	Enter the total of Column total of Column 4, 5, an eral 30% and 50% bonu 1 – Explanation of dedu	d 6 on approps depreciation uctions claim	\$ riate ded	olumns 5 and 6  Amount	\$  expenses decorate of Schedule  Column		\$		Amount

Column No.	Explanation	Amount	Column No.	Explanation	Amount
		\$			\$

5	Supplemental Information						
1.	STATE OR COUNTRY OF INCORPORATION	2.(a) DATE OF II	NCORPORATION	2.(b) D	ATE BUSINESS BEGAN IN DC		WHERE FEDERAL RETURN DD COVERED BY THIS RETURN
4.	THE CORPORATION'S BOOKS ARE IN THE CARE OF –			5. LOC	ATED AT –		
6.	During 2012, has the Internal Revenue Service adjustments to your federal income tax return, returns with the IRS? YES NO If "YES", please submit separately a detailed st submitted, to the address shown on page 7 un	or did you file	any amended	1	If you have already pro a detailed statement, o it was sent.		MM/DD/YYYY
7.	. Is this corporation affiliated with a partnership or another corporation?		YES	○ NO	If yes, explain:		
8.	. Is this return made on the accrual basis?		YES	NO	If no, indicate basis	used: Cash Basi	s Other (specify)
9	. Did you file a franchise tax return with DC for the year 2011?		YES	○ NO	If no, state reason		
10	D. Did you withhold DC income tax from wages pa DC resident employees during 2012?	aid to your	YES	O NO	If no, state reason:		
11	1. Did you file annual information returns, federal and 1099, relating to payment of dividends and 2012?		YES	○ NO			
12	2. (a) Has the business been terminated?  (b) Have you moved out of DC?		YES YES	NO NO	If yes, explain and g	ive date:	



## Worldwide Combined Reporting Election Form



FEIN/SSN of Designated Agent  Name of Designated Agent	Fill in if FEIN Fill in if SSN	First year of election: YYYY	Worldwide Telephone number
Business address line #1			
Business address line #2			
City		State Zip co	ode +4
<ul> <li>A worldwide unitary comb thereafter for a period of to</li> <li>It may be withdrawn or re request for reasonable cau policy and only with the w</li> <li>Upon the expiration of the election.</li> </ul>	a worldwide unitary combined reporting election is en years.  instituted after withdrawa use based on extraordinary written permission from the eten-year period, a taxpay et in writing within one year conditions as applied to the	ned basis. binding for and applicable to I, prior to the expiration of the hardship due to unforeseer to Office of Tax and Revenue.  er may withdraw from the war of the expiration of the elethe original election.	mbined reporting regulations, election is to the tax year it is made and all years the ten-year period, only upon written the changes in state tax statutes, law or worldwide unitary combined reporting the ction and is binding for a period of ten
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.





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



OFFICIAL USE ONLY Vendor ID# 0002

Tax	payer Identification Number Fill in if FEIN Fill in if filing a D-20 Return	1							
	Fill in if SSN Fill in if filing a D-30 Return	1							
Enter your business name									
D-2	20 Return								
No	nrefundable 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.						00		
3	Organ and Bone Marrow Donor Credit (see computation on reverse side).						00		
4	Job Growth Incentive Act						00		
5		5					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.						.00		
Re	fundable Credits								
7	Qualified High Technology Company Retraining Costs Credit from Part G, Form D-20CR, from pub. 399.	7					00		
8							00		
9	Total the refundable D-20 credits, enter here and on Form D-20, Line 41(c).						00		
D-30 Return									
No	nrefundable Credits								
10	Economic Development Zone Incentives Credit from the worksheet on page 12.	10					00		
11	Organ and Bone Marrow Donor Credit (see computation on reverse side).						00		
12	2 Job Growth Incentive Act						00		
13		13					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					.00		
Re	fundable Credits								
15	Qualified High Technology Company Retraining Costs Credit from Line 6, DC Form D-30CR, from pub. 399.	15					00		
16		16					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*.							

<sup>\*</sup>Line 3 for D-20 filers Line 11 for D-30 filers