

Government of the District of Columbia

2006 D-30 SUB Unincorporated Business Franchise Tax Return



OFFICIAL USE ONLY

Taxpayer Identification Number 123456789 Mark if: FEIN [X] SSN [X] NAICS CODE 123456

Business name ABCDEFGHIJKLMNOP Taxable year beginning MMY MMY Taxable year ending MMY MMY

Business address line #1 12345ABCDEF... Mark if [X] is your first return or your address is different from last year's return. Mark if: [X] AMENDED RETURN [X] CERTIFIED QHTC [X] GROSS INCOME IS \$12,000 OR LESS [X] FINAL RETURN

City ABCDEFGHIJKLMNOP State AB Zipcode 123456789

Mailing address line #1 12345ABCDEF... NUMBER OF BUSINESS LOCATIONS In the District: 123 Outside the District: 123

City ABCDEFGHIJKLMNOP State AB Zipcode + 4 123456789

• READ INSTRUCTIONS BEFORE PREPARING RETURN Enter dollar amounts only. If amount is zero, leave line blank. If Line 10, total gross income is \$12,000 or less, do not fill in beyond Line 10, leave Line 37 blank. Sign, date and file your return.

Table with 3 columns: Line number, Description, Amount. Includes sections for GROSS INCOME (Lines 1-10) and DEDUCTIONS (Lines 11-22). Total gross income is \$123,456,789.123. Total deductions are \$12,345,678.912.300.

STAPLE CHECK OR MONEY ORDER HERE

DEDUCTIONS

Taxpayer Name: ABCDEFGHIJKLMNOPQRSTUVWXYZ



FEIN or SSN: 123456789

ENTER DOLLAR AMOUNTS ONLY

23. Net income Line 10 minus Line 22..... Mark if minus X 23 \$123456789123.00
24. Net operating loss deduction (Before year 2000)..... 24 \$123456789123.00
25. Net income after NOL (net operating loss) deduction Line 23 minus Line 24..... Mark if minus X 25 \$123456789123.00

26. (a) Non-business income Attach statement..... Mark if minus X 26a \$123456789123.00
(b) Minus: Related expense Attach statement..... 26b \$123456789123.00
(c) Subtract Line 26(b) from Line 26(a)..... Mark if minus X 26c \$123456789123.00
27. Net income from trade or business subject to apportionment..... Mark if minus X 27 \$123456789123.00

28. DC apportionment factor From D-30 Schedule F, Col 3, Line 5..... 28 0.123456

29. Net income from trade or business apportioned to DC..... Mark if minus X 29 \$123456789123.00
Multiply Line 27 by Line 28.

30. Portion of line 26(c) attributable to DC Attach statement..... Mark if minus X 30 \$123456789123.00

TAXABLE INCOME 31. Total District net income (loss)..... Mark if minus X 31 \$123456789123.00
Combine Lines 29 and 30

32. Minus: Salary for owner(s) or member(s) services From D-30 Schedule J, Column 4..... 32 \$123456789123.00

33. Exemption: Maximum amount \$5000 (Enter days in DC in 33a, if less than 365, see instructions for amount to claim.) 33a 123 33 \$ 1234.00

34. Total taxable income Before apportioned NOL deduction..... Mark if minus X 34 \$123456789123.00
Line 31 minus Lines 32 and 33

35. Apportioned NOL deduction..... 35 \$123456789123.00

36. Total taxable income Line 34 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. Enter: (a) Tax paid if any, with request for extension of time to file 38a \$123456789123.00
(or with original return if this is an amended return).

(b) 2006 estimated franchise tax payments..... 38b \$123456789123.00

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

(d) QHTC business credits From D-30CR Line 6, attach a copy..... 38d \$123456789123.00

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

40. Tax due Line 37 minus Line 39, if Line 37 is greater than Line 39..... 40 \$123456789123.00

41. Overpayment Line 39 minus Line 37, if Line 39 is greater than Line 37..... 41 \$123456789123.00

42. Amount you want to apply to your 2007 estimated franchise tax..... 42 \$123456789123.00

43. Amount to be refunded Line 41 minus Line 42..... 43 \$123456789123.00

Make check or money order payable to the D.C. Treasurer. Include your FEIN, "D-30" and tax year on your payment. Mail return and payment (attached to the D-2030P) to: Office of Tax and Revenue, (see instructions for correct address) by the 15th day of the fourth 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.

1234567890

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

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