



Business Name: ABCDEFGHIJKLMNOPQRSTUVWXYZ  
FEIN or SSN 123456789



WHOLE DOLLAR AMOUNTS ONLY

INCOME

DEDUCTIONS

1	Gross receipts or sales, minus returns and allowances		1	\$123456789123.00
2	Cost of goods sold and/or operations		2	\$123456789123.00
3	Gross profit (Line 1 minus Line 2)	Mark if minus <input checked="" type="checkbox"/>	3	\$123456789123.00
4	Ordinary income (loss) from other partnerships, estates and trusts, etc.	Mark if minus <input checked="" type="checkbox"/>	4	\$123456789123.00
5	Net farm profit (loss)	Mark if minus <input checked="" type="checkbox"/>	5	\$123456789123.00
6	Net gain (loss)	Mark if minus <input checked="" type="checkbox"/>	6	\$123456789123.00
7	Other income (loss)	Mark if minus <input checked="" type="checkbox"/>	7	\$123456789123.00
8	Total income (Add Lines 3-7)	Mark if minus <input checked="" type="checkbox"/>	8	\$123456789123.00

9	Salaries and wages paid to non partners		9	\$123456789123.00
10	Payments to partners		10	\$123456789123.00
11	Repairs and maintenance		11	\$123456789123.00
12	Bad debts		12	\$123456789123.00
13	Rent		13	\$123456789123.00
14	Taxes and licenses		14	\$123456789123.00
15	Interest		15	\$123456789123.00
16	Depreciation, minus depreciation deducted elsewhere on return		16	\$123456789123.00
17	Depletion		17	\$123456789123.00
18	Retirement plans		18	\$123456789123.00
19	Employee benefit programs		19	\$123456789123.00
20	Other deductions		20	\$123456789123.00
21	Total deductions (Add Lines 9-20)		21	\$123456789123.00
22	Ordinary income(loss) (Line 8 minus Line 21)	Mark if minus <input checked="" type="checkbox"/>	22	\$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 information available to the preparer.

PLEASE

**SIGN HERE**  
PARTNER OR MEMBER'S SIGNATURE \_\_\_\_\_ DATE MM DD YYYY 1234567890  
Telephone number of person to contact \_\_\_\_\_

PREPARER'S SIGNATURE (If other than taxpayer) \_\_\_\_\_ DATE MM DD YYYY 1234567890  
Paid Preparer's PTIN \_\_\_\_\_

**PAID PREPARER ONLY**  
FIRM NAME XX  
FIRM ADDRESS XX  
If you want to allow the paid preparer to discuss this return with the Office of Tax and Revenue, mark here.

Mail return to: DC Office of Tax and Revenue, 1101 4th Street, SW, FL4 Washington, DC 20024.  
Make no payment with this return.