Government of the District of Columbia
Office of the Chief Financial Officer
Office of Tax and Revenue

FR-128 : 2000 Extension of Time to File D.C. Franchise or Partnership Return

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FEDERAL EMPLOYER I.D. NUMBER	SOC. SEC. NO. (IF SELF-EMPLOYED)	TAXABLE YEAR ENDING
XX – XXXXXXX	XXX – XX – XXXX	MM / DD / YYYY

BUSINESS NAME

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

MAILING ADDRESS LINE #1	MAILING ADDRESS LINE #2
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CITY	STATE	ZIP + 4
XXXXXXXXXXXXXXXXXXXX	XX	XXXXX – XXXX

Submit this form along with your payment of any tax due as shown on Line 6 below.

1. A 6-month extension of time to file until XXX XX, 2001, for the calendar year 2000, or a 6-month extension of time to file until XXX XX, 200X, for a fiscal year ending XXX XX, 200X is hereby requested to file the following District of Columbia return (check one):

X	Corporation Franchise Tax Return, Form D-20	X	Unincorporated Business Franchise Tax Return, Form D-30	X	Partnership Return of Income, Form D-65

2. TOTAL TAX LIABILITY FOR THE PERIOD.. $ XXXXXXXX . XX

3. FRANCHISE ESTIMATED TAX PAYMENTS (Include any overpayment credit)............ $ XXXXXXXX . XX

4. OTHER PAYMENTS... $ XXXXXXXX . XX

5. TOTAL PAYMENTS AND CREDITS (Add Lines 3 and 4)...................................... $ XXXXXXXX . XX

6. BALANCE DUE (Line 2 minus Line 5). Payment in full must be submitted with this form or your request will not be accepted. **(Note: You will be subject to the failure-to-pay penalty and interest on any amount of tax due and not paid with this request)**.. $ XXXXXXXX . XX

PLEASE

SIGN

HERE

CORPORATE

SEAL

Under penalties of law, including criminal penalties for false statements and tax preparer penalties under D.C. Code secs. 22-2514 and 47-161, *et seq.*, I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information available to the preparer.

		MM / DD / YYYY	XXX – XXX – XXXX
TAXPAYER'S SIGNATURE	TITLE	DATE	Telephone Number of Person to Contact

PAID

PREPARER

ONLY

	MM / DD / YYYY	XXXXXXXXX
PREPARER'S SIGNATURE (If other than taxpayer)	DATE	Preparer's PTIN

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXX – XX – XXXX
FIRM NAME	Preparer's SSN

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX – XXXXXXX
FIRM STREET ADDRESS	Preparer's Federal Employer I.D. Number

XXXXXXXXXXXXXXXXX	XX	XXXXX – XXXX
CITY	STATE	ZIP + 4

Mail return and payment to: D.C. Office of Tax and Revenue, 6th Floor, 941 North Capitol St., N.E. Washington, D.C. 20002. Make check or money order payable to the D.C. Treasurer. Include your Federal Employer ID number, "FR-128" and tax year on your payment.

Rev. 12/11/2000