Government of the District of Columbia

2002 FR-128 SUB Extension of Time to File DC Franchise or Partnership Return

0 2 1 2 8 0 2 1 0 0 0 0

X Mark if your address is different than your last return

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

BUSINESS NAME

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

MAILING ADDRESS LINE #1	MAILING ADDRESS LINE #2
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CITY	STATE	ZIP + 4
XXXXXXXXXXXXXXXXXXXXX	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, 2003, for the calendar year 2002, 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..... $ XXXXXXXXXXXX.00

3. ESTIMATED FRANCHISE TAX PAYMENTS (Include any overpayment credit)..... $ XXXXXXXXXXXX.00

4. OTHER PAYMENTS..... $ XXXXXXXXXXXX.00

5. TOTAL PAYMENTS AND CREDITS (Add Lines 3 and 4)..... $ XXXXXXXXXXXX.00

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) $ XXXXXXXXXXXX.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. If prepared by a person other than the taxpayer, this declaration is based on all information available to the preparer.

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

CORPORATE SEAL

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

PAID PREPARER ONLY

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
FIRM NAME

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
FIRM STREET ADDRESS

CITY	STATE	ZIP + 4
XXXXXXXXXXXXXXXXXXXXX	XX	XXXXX-XXXX

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