Government of the District of Columbia

2005 FR-128 SUB Extension of Time to File DC Franchise or Partnership Return



Federal Employer I.D. Number Social Security Number (If self-employed) 123456789 123456789 **Business Name** Taxable year beginning MM/YY Taxable year ending MM/YY ABCDEFGHIJKLABCDEFGH MM/YY MM/YY Business mailing address line #1 Mark if X this is your first return or if your address is different from last year(s return 12345ABCDEFGHIJKLABCDEFGH Business mailing address line #2 12345ABCDEFGHIJKLABCDEFGH 123456789 ABCDEFGHIJKLABCDEFGH Æ Submit this form with your payment of any tax due as shown on Line 6 below. 1. A 6-month extension of time to file until XXX 15, 2006, for the calendar year 2005, or a 6-month extension of time to file until XXX XX, 200X, for a fiscal year ending XXX XX, 200X is hereby requested for the following return (check one): X Partnership Return of Income, Corporation Franchise Tax Return, Unincorporated Business Franchise Tax Return, Form D-20 Form D-30 Form D-65 ENTER DOLLAR AMOUNTS ONLY \$123456789123.00 Total Tax Liability for the Period \$123456789123.**00** 3. Estimated Franchise Tax Payments (Include any overpayment credit). 3. \$123456789123.00 Other payments. \$123456789123.00 Total payments and credits (Add Lines 3 and 4)... 5. \$123456789123.00 Balance due (Line 2 minus Line 5). Payment in full must be submitted with this form or your request will be denied. (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) NOTE: You can file this form and pay electronically using e-check. See www.cfo.dc.gov/otr Under penalties of law, I declare that I have examined this return and, to the best of my knowledge it is correct. **PLEASE** Declaration of paid preparer is based on all information available to the preparer. SIGN Telephone Number of Person to Contact MM/DD/YYYY 1234567890 HERE Title Taxpayer(s) signature(s) Date CORPORATE Paid Prepareris FEIN, \$SN or PTIN SEAL MM/DD/YYYY 123456789 Paid prepareris signature (If other than taxpayer) Date PAID Telephone Number of Paid Preparer PREPARER 1234567890 Firm name ONLY Firm address

Make check or money order payable to the DC Treasurer. Include your FEIN or \$\$N, "FR-128" and tax year on your payment.

Mail return and payment to: DC Office of Tax and Revenue, 6th Floor 941 North Capitol St., NE Washington, DC 20002-4265.