



This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

Taxpayer Identification Number Fill in if FEIN
 Number of business locations In DC: Outside DC:
 OFFICIAL USE ONLY Vendor ID# 0002

Business name Tax period ending (MMYY) Fill in if Amended Return
 Fill in if Final Return
 Business Mailing Address line #1 Fill in if Combined Report*
 *You must fill in the Designated Agent info below
 Business Mailing Address line #2 Fill in if Worldwide**
 **WorldWide form must be filed with this return

City State Zip Code + 4

Designated Agent Name Designated Agent FEIN

		ENTER DOLLAR AMOUNTS ONLY	
GROSS INCOME	1 Gross receipts, minus returns and allowances	1	\$.00
	2 Cost of goods sold (from D-30, Schedule A) and/or operations	2	\$.00
	3 Gross profit Line 1 minus Line 2 Fill in if minus: <input type="checkbox"/>	3	\$.00
	4 Dividends. Minus Subpart F income (attach statement)	4	\$.00
	5 Interest (attach statement showing calculations)	5	\$.00
	6 Gross rental income (attach statement) Fill in if minus: <input type="checkbox"/>	6	\$.00
	7 Gross royalties (attach statement)	7	\$.00
	8(a) Net capital gain (loss) (attach a copy of your federal Schedule D) Fill in if minus: <input type="checkbox"/>	8a	\$.00
	(b) Ordinary gain (loss) from Part II, fed. Form 4797, (attach copy) Fill in if minus: <input type="checkbox"/>	8b	\$.00
	9 Other income (loss) (attach a detailed statement) Fill in if minus: <input type="checkbox"/>	9	\$.00
10 Total gross income. Add Lines 3-9. Fill in if minus: <input type="checkbox"/>	10	\$.00	
IF LINE 10 IS \$12,000 OR LESS, STOP HERE, DO NOT FILE THIS RETURN.			
DEDUCTIONS	11 Salaries and wages (Do not include owner(s)/member(s))	11	\$.00
	12 Repairs	12	\$.00
	13 Bad debts (attach a copy of any statement filed with your federal return)	13	\$.00
	14(a) Royalty payments made \$ <input type="text"/> 00		
	(b) Minus nondeductible payments to related entities \$ <input type="text"/> 00 =	14c	\$.00
	15 Rent	15	\$.00
	16 Taxes from D-30, Schedule C	16	\$.00
	17(a) Interest payments \$ <input type="text"/> 00		
	(b) Minus nondeductible payments to related entities \$ <input type="text"/> 00 =	17c	\$.00
	18 Contributions and/or gifts from D-30, Schedule B	18	\$.00
	19 Amortization (attach a copy of your federal Form 4562, Part VI)	19	\$.00
	20 Depreciation (attach a copy of your federal Form 4562. Do not include the additional federal bonus depreciation.)	20	\$.00
21 Other allowable deductions from D-30, Schedule G.	21	\$.00	
22 Total deductions. Add Lines 11-21.	22	\$.00	

Taxpayer Name:



FEIN or SSN:

TAXABLE INCOME	23	Net income	Line 10 minus Line 22.	Fill in if minus:	23	\$		00	
	24	Net operating loss deduction	for years before 2000		24	\$		00	
	25	Net income after NOL deduction	Line 23 minus Line 24	Fill in if minus:	25	\$		00	
	26	(a)	Non-business income/state adjustment	(attach statement)	Fill in if minus:	26a	\$		00
		(b)	Minus: Related expenses	(attach an allocation statement)		26b	\$		00
		(c)	Subtract Line 26(b) from Line 26(a)		Fill in if minus:	26c	\$		00
	27	Net income from trade or business subject to apportionment	Line 25 minus Line 26(c)	Fill in if minus:	27	\$		00	
	28	DC apportionment factor	from D-30, Schedule F, Col 3, Line 2		28				
	29	Net income from trade or business apportioned to DC	Multiply Line 27 by the factor on Line 28	Fill in if minus:	29	\$		00	
	30	Other income/deductions attributable to DC	(attach statement)	Fill in if minus:	30	\$		00	
TAX, PAYMENTS AND CREDITS	31	Total DC net income (loss)	Combine Lines 29 and 30	Fill in if minus:	31	\$		00	
	32	Salary for owner(s) / member(s) services from D-30, Schedule J, Column 4.			32	\$		00	
	33	Exemption	Maximum is \$5000. Enter days in DC. → 33a		33	\$		00	
	34	Total taxable income before apportioned NOL deduction	Line 31 minus total of Lines 32 and 33	Fill in if minus:	34	\$		00	
	35	Apportioned NOL deduction	Losses occurring for year 2000 and later.		35	\$		00	
	36	Total DC taxable income.	Line 34 minus Line 35	Fill in if minus:	36	\$		00	
	37	Tax 9.2% of Line 36			37	\$		00	
	38	Minus nonrefundable credits from Schedule UB, Line 20			38	\$		00	
	39	Total DC gross receipts from Line '4' from MTLGR worksheet						00	
	40	Net tax.	Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M.		40	\$		00	
	41	Payments:							
		(a)	Tax paid, if any, with request for an extension of time to file or paid with original return if this is an amended return		41a	\$		00	
	42	(b)	2016 estimated franchise tax payments		41b	\$		00	
		Add lines 41(a), 41(b)			42	\$		00	
	43		RESERVED		43	\$		00	
	44	Estimated tax interest	(Fill in oval if D-2220 attached)		44	\$		00	
	45	Total Amount Due.	If Line 42 is smaller than the total of Lines 40 and 44, enter amount due. Will this payment come from an account outside the U.S.? Yes No See instructions		45	\$		00	
	46	Overpayment.	If Line 42 is larger than the total of Lines 40 and 44, enter amount overpaid.		46	\$		00	
47	Amount you want to apply to your 2017 estimated franchise tax.			47	\$		00		
48	Amount to be refunded.	Line 46 minus Line 47.		48	\$		00		

Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions.

Designee's name

Phone number

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. Declaration of paid preparer is based on the information available to the preparer.

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 PTIN

If you want to allow the preparer to discuss this return with the Office of Tax and Revenue fill in the oval.

Schedule A - COST OF GOODS SOLD (See specific instructions for Line 2.)

1. Inventory at beginning of year (if different from last year's closing inventory, attach an explanation).	\$	
2. Purchases \$		
Minus cost of items withdrawn for personal use \$		Enter result here →
3. Cost of Labor.		
4. Material and supplies.		
5. Other costs (attach statement) – (Additional 30% and 50% federal bonus depreciation and additional IRC §179 expenses are not allowed.)		
6. Total of lines 1 through 5.	\$	
7. Inventory at end of year.	\$	
8. Cost of goods sold (Line 6 minus Line 7). Enter here and on D-30, Line 2.	\$	
Method of inventory valuation used		

Schedule B - CONTRIBUTIONS AND/OR GIFTS (See specific instructions for Line 18.)

	\$		\$
		TOTAL (Limited to 15% of net income – also enter on D-30, Line 18.)	\$

Schedule C - TAXES (See specific instructions for Line 16.)

Type of Tax	Amount	Type of Tax	Amount
	\$		\$
TOTAL			\$

*

Schedule E - INTEREST EXPENSE (See specific instructions for Line 17.)

Name and Address of Payee	Amount	Name and Address of Payee	Amount
	\$		\$
TOTAL			\$

* Schedule D has been deleted.



Schedule F - DC apportionment factor (See instructions)

Round cents to the nearest dollar. If an amount is zero, leave the line blank.

Carry all factors to six decimal places

	<i>Column 1 TOTAL</i>	<i>Column 2 in DC</i>	<i>DC Apportionment Factor</i>
1. SALES FACTOR: All gross receipts of the unincorporated business other than gross receipts from items of non-business income.	\$ 00	\$ 00	(Column 2 divided by Column 1)
2. DC APPORTIONMENT FACTOR: Column 2 divided by Column 1. Enter on D-30, Line 28			.

Schedule 1 - Combined Report Tax Due

Tax Due Combined Group Report	Tax Due Intercompany Eliminations	Tax Due Total Before Eliminations	Tax Due Designated Agent	Tax Due Member 1
Tax Due Member 2	Tax Due Member 3	Tax Due Member 4	Tax Due Member 5	

Schedule G - Other allowable deductions

Nature of Deduction	Amount
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL (Also enter on D-30, Line 21.)	\$

Schedule H - Income not reported (claimed as nontaxable)
(See instructions.)

Nature of Income	Amount
	\$
	\$
	\$
	\$
	\$
TOTAL	\$

Schedule I - BALANCE SHEETS (See Instructions.)		Beginning of Taxable Year		End of Taxable Year	
		(A) Amount	(B) Total	(A) Amount	(B) Total
ASSETS	1. Cash				
	2. Trade notes and accounts receivable				
	(a) MINUS: Allowance for bad debts				
	3. Inventories				
	4. Gov't obligations: (a) U.S. and its instrumentalities				
	(b) States, subdivisions thereof, etc.				
	5. Other current assets (attach statement)				
	6. Mortgage and real estate loans				
	7. Other investments (attach statement)				
	8. Buildings and other fixed depreciable assets				
	(a) MINUS: Accumulated depreciation				
	9. Depletable assets				
	(a) MINUS: Accumulated depletion				
LIABILITIES AND CAPITAL	10. Land (net of any amortization)				
	11. Intangible assets (amortizable only)				
	(a) MINUS: Accumulated amortization				
	12. Other assets (attach statement)				
	13. TOTAL ASSETS				
	14. Accounts payable				
	15. Mortgages, notes, bonds payable in less than 1 year				
	16. Other current liabilities (attach statement)				
	17. Mortgages, notes, bonds payable in 1 year or more				
	18. Other liabilities (attach statement)				
19. Capital stock					
20. TOTAL LIABILITIES AND CAPITAL					

Schedule J - DISTRIBUTION AND RECONCILIATION OF NET INCOME (OR LOSS)

Col. 1		Col. 2	Col. 3	Col. 4	Col. 5	Col. 6	Col. 7	Col. 8
Name and Address of Owner(s)/ Member(s)		Percentage of Time Devoted to this Business	Percentage of Ownership	Salary Claimed	Exemption Claimed	Net Loss DC Sources	Net Income (or Loss) from Outside DC	Total Income (or Loss) Not Taxable to the Unincorporated Business (Add Cols. 4 thru 7)
		%	%	\$	\$	\$	\$	\$
TOTAL				\$	\$	\$	\$	\$
Col. 4 - See Instructions.				Enter total taxable income as shown on Line 34 of D-30.				\$
Col. 5 - See Instructions.								
Col. 6 - Any loss amount from Line 31 of D-30.								
Col. 7 - Enter the difference between Line 25 and Line 31 of D-30.				Net income of Unincorporated Business from both within and outside DC (from Line 25 of D-30)				\$

SUPPLEMENTAL INFORMATION													
1. During 2016, has the Internal Revenue Service made or proposed any adjustments to your federal income tax returns, or did you file any amended returns with the Internal Revenue Service? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", submit separately an amended Form D-30 and a detailed statement, concerning adjustments, to the Office of Tax and Revenue, See instructions for address.	2. PRINCIPAL BUSINESS ACTIVITY <input style="width: 95%; height: 20px;" type="text"/>	3. DATE BUSINESS BEGAN <input style="width: 95%; height: 20px;" type="text"/>											
4. IF BUSINESS HAS TERMINATED. STATE REASON <input style="width: 95%; height: 20px;" type="text"/>	5. TERMINATION DATE <input style="width: 95%; height: 20px;" type="text"/>												
6. TYPE OF OWNERSHIP (sole proprietor, partnership, etc.) <input style="width: 95%; height: 20px;" type="text"/>													
7. Place where federal income tax return for period covered by this return was filed: <input style="width: 95%; height: 20px;" type="text"/>													
8. Name(s) under which federal return for period covered by this return was filed: <input style="width: 95%; height: 20px;" type="text"/>													
9. Have you filed annual Federal Information Returns, (forms 1096 and 1099) pertaining to compensation payments for 2016? <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 65%;">If no, please state reason:</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td><input style="width: 95%; height: 20px;" type="text"/></td> </tr> </table>					Yes	No	If no, please state reason:		<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%; height: 20px;" type="text"/>		
	Yes	No	If no, please state reason:										
	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%; height: 20px;" type="text"/>										
10. Is this return reported on the accrual basis? <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 15%;">If no, fill in the method used:</td> <td style="width: 50%;"></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td> <input type="radio"/> Cash basis <input type="radio"/> Other (specify) </td> <td><input style="width: 95%; height: 20px;" type="text"/></td> </tr> </table>					Yes	No	If no, fill in the method used:			<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Cash basis <input type="radio"/> Other (specify)	<input style="width: 95%; height: 20px;" type="text"/>
	Yes	No	If no, fill in the method used:										
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="radio"/> Cash basis <input type="radio"/> Other (specify)	<input style="width: 95%; height: 20px;" type="text"/>									
11. Did you withhold DC income tax from the wages of your DC employees during 2016? <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 65%;">If no, state reason:</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td><input style="width: 95%; height: 20px;" type="text"/></td> </tr> </table>					Yes	No	If no, state reason:		<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%; height: 20px;" type="text"/>		
	Yes	No	If no, state reason:										
	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%; height: 20px;" type="text"/>										
12. Did you file a franchise tax return for the business with the District of Columbia for the year 2015? If yes, enter name under which return was filed: <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 65%;">If no, state reason:</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td><input style="width: 95%; height: 20px;" type="text"/></td> </tr> </table>					Yes	No	If no, state reason:		<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%; height: 20px;" type="text"/>		
	Yes	No	If no, state reason:										
	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%; height: 20px;" type="text"/>										
13. Does this return include income from more than one business conducted by the taxpayer? (If yes, list businesses and net income (loss) of each.) <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 65%;"></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td><input style="width: 95%; height: 20px;" type="text"/></td> </tr> </table>					Yes	No			<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%; height: 20px;" type="text"/>		
	Yes	No											
	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%; height: 20px;" type="text"/>										
14. Is income from any other business or business interest owned by the proprietors of this business being reported in a separate return? (If yes, list names and addresses of the other businesses.) <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 65%;"></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td><input style="width: 95%; height: 20px;" type="text"/></td> </tr> </table>					Yes	No			<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%; height: 20px;" type="text"/>		
	Yes	No											
	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%; height: 20px;" type="text"/>										
15. (a) Is this business unitary with a partnership or another corporation? <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 65%;">If yes, explain:</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td><input style="width: 95%; height: 20px;" type="text"/></td> </tr> </table>					Yes	No	If yes, explain:		<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%; height: 20px;" type="text"/>		
	Yes	No	If yes, explain:										
	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%; height: 20px;" type="text"/>										
(b) Is this business unitary with a combined group? <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 65%;">If yes, explain:</td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td><input style="width: 95%; height: 20px;" type="text"/></td> </tr> </table>					Yes	No	If yes, explain:		<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%; height: 20px;" type="text"/>		
	Yes	No	If yes, explain:										
	<input type="checkbox"/>	<input type="checkbox"/>	<input style="width: 95%; height: 20px;" type="text"/>										
16. Did you file an annual ballpark fee return? <table style="width: 100%; border: none;"> <tr> <td style="width: 15%;"></td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> <td style="width: 65%;"></td> </tr> <tr> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td></td> </tr> </table>					Yes	No			<input type="checkbox"/>	<input type="checkbox"/>			
	Yes	No											
	<input type="checkbox"/>	<input type="checkbox"/>											

Worldwide Combined Reporting Election Form



FEIN of Designated Agent

Taxable Year YYYY

Worldwide

Name of Designated Agent

Telephone number

Business address line #1

Business address line #2

City

State

Zip code +4

- In accordance with the provisions of DC Official Code § 47-1810.07 and the combined reporting regulations, election is hereby made to report on a worldwide unitary combined basis.
• A worldwide unitary combined reporting election is binding for and applicable to the tax year it is made and all years thereafter for a period of ten years.
• It may be withdrawn or reinstated after withdrawal, prior to the expiration of the ten-year period, only upon written request for reasonable cause based on extraordinary hardship due to unforeseen changes in DC tax statutes, law or policy and only with the written permission from the Office of Tax and Revenue.
• Upon the expiration of the ten-year period, a taxpayer may withdraw from the worldwide unitary combined reporting election.
• Withdrawal must be made in writing within one year of the expiration of the election and is binding for a period of ten years, subject to the same conditions as applied to the original election.

Date Beginning Tax Period: MMDDYYYY

Date Ending Tax Period: MMDDYYYY

Authorized Signature

Printed Name

Date

Under penalties of law, I declare that the designated agent has authorized me to sign on behalf of all members of the combined group, and that I have examined this form and the information contained herein is, to the best of my knowledge and belief, correct and complete.



OFFICIAL USE ONLY
Vendor ID# 0002

Important: Print in CAPITAL letters using black ink.
Attach to your Form D-20 or D-30.

Taxpayer Identification Number Fill in if FEIN if filing a D-20 Return
 Fill in if SSN if filing a D-30 Return

Enter your business name

D-20 Return

Nonrefundable Credits (Nonrefundable Credits may not be applied against the required minimum tax)

1	Economic Development Zone Incentives Credits (see worksheet).	1	\$	<input type="text"/>	00
	1a Amount of Line 1 that is Food Commodity Donation Credit (see worksheet).		\$	<input type="text"/>	00
2	Qualified High Technology Company Credits from Part E, Line 5, DC Form D-20CR, from pub. 399.	2	\$	<input type="text"/>	00
3	Organ and Bone Marrow Donor Credit (see computation on reverse side).	3	\$	<input type="text"/>	00
4	Job Growth Incentive Act	4	\$	<input type="text"/>	00
5	Enter alternative fuel credits. See instructions				
	5a Alternative fuel infrastructure.	<input type="text"/>	\$	<input type="text"/>	00
	# of stations				
	5b Alternative fuel vehicle conversion.	<input type="text"/>	\$	<input type="text"/>	00
	# of vehicles				
6	Total alternative fuel credits. Add Lines 5a and 5b only and enter here.	6	\$	<input type="text"/>	00
7	Employer-assisted Home Purchase Tax Credit (see computation on reverse side). 7a <input type="text"/>	7	\$	<input type="text"/>	00
	# of employees				
8	RESERVED	8	\$	<input type="text"/>	00
9	Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 38. If QHTC, enter here and on QHTC Schedule, Line 5.	9	\$	<input type="text"/>	00

Refundable Credits

10	Qualified High Technology Company Retraining Costs Credit from Part E, Line 7, DC Form D-20CR, from pub. 399.	10	\$	<input type="text"/>	00
11	RESERVED	11	\$	<input type="text"/>	00
12	Total the refundable D-20 credits, enter here and on Form D-20, Line 41c.	12	\$	<input type="text"/>	00

D-30 Return

Nonrefundable Credits (Nonrefundable Credits may not be applied against the required minimum tax)

13	Economic Development Zone Incentives Credit (see worksheet).	13	\$	<input type="text"/>	00
	13a Amount of Line 13 that is Food Commodity Donation Credit (see worksheet).		\$	<input type="text"/>	00
14	Organ and Bone Marrow Donor Credit (see computation on reverse side).	14	\$	<input type="text"/>	00
15	Job Growth Incentive Act	15	\$	<input type="text"/>	00
16	Enter alternative fuel credits. See instructions				
	16a Alternative fuel infrastructure.	<input type="text"/>	\$	<input type="text"/>	00
	# of stations				
	16b Alternative fuel vehicle conversion.	<input type="text"/>	\$	<input type="text"/>	00
	# of vehicles				
17	Total alternative fuel credits. Add Lines 16a and 16b only and enter here.	17	\$	<input type="text"/>	00
18	Employer-assisted Home Purchase Tax Credit (see computation on reverse side). 18a <input type="text"/>	18	\$	<input type="text"/>	00
	# of employees				
19	RESERVED	19	\$	<input type="text"/>	00
20	Total the nonrefundable D-30 credits, enter here and on Form D-30, Line 38.	20	\$	<input type="text"/>	00

Schedule UB Instructions

Qualified High Technology Companies

If you claim credits on Lines 2 or 10 above, attach a copy of your DC Form D-20CR to the D-20.

Organ and Bone Marrow Donor Credit

An employer who provides an employee with paid leave to donate an organ (up to 30 days leave) or to donate bone marrow (up to 7 days leave) is eligible to claim a credit against the franchise tax. The credit is equal to 25% of the salary paid to the employee during the leave period. If you take the credit, you may not also deduct the salary paid to the donor employee for that period. This credit is not available if the employee is eligible for leave under the Family and Medical Leave Act of 1993.

Organ and Bone Marrow Donor Credit — Computation —			
Column 1 Credit Category	Column 2 Total Paid Leave	Column 3 Leave Credit Calculation	Column 4 Total Credit
Organ Donor(s) _____	Total Paid Leave Wages \$ _____	Col 2 _____ amt. × 25% _____ \$ _____	\$ _____
Bone Marrow Donor(s) _____	Total Paid Leave Wages \$ _____	Col 2 _____ amt. × 25% _____ \$ _____	\$ _____
		Total of Col. 4. Enter here and on Schedule UB.*	\$ _____

*Line 3 of Schedule UB for D-20 filers
Line 14 of Schedule UB for D-30 filers

Employer-Assisted Home Purchase Tax Credit — Computation —	
1. Number of Eligible Employees <input style="width: 40px;" type="text"/>	
2. Amount of Homeownership Assistance provided during this period to Eligible Employees.....x 50%	\$ _____
3. Tax Credit (Cannot exceed Line 2 amount and limited to \$2,500 per Eligible Employee)	\$ _____
<p>Enter amount from Line 3 on Line 7 of Schedule UB for D-20 filers, or Line 18 of Schedule UB for D-30 filers.</p>	

Employer-Assisted Home Purchase Tax Credit

An employer who provides homeownership assistance to eligible employees through a certified home purchase program may be eligible to claim a credit against the franchise tax if certain conditions are met. See instructions and DC Code Section 47-1807.07 for further details.