<u>* * *</u>	Government of the
	District of Columbia

I.

D-20 Corporation	
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Franchise Tax Return

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

201



	Fede	eral Employer I.D. Number	Number of busine	ess locations			OFFICIA	L USE ONLY	Vendor ID# 00	002
		In DC:	0	utside DC:						
	Nam	e of corporation			Tax	perio	d ending (MMYY)	Fill in	if Amended Return	n
								Fill in	if Final Return	
	Busir	ness mailing address #1						Fill in	if Certified QHTC	
							*Yo	Fill in u must fill in f	if Combined Repo the Designated Agent	
	Busi	ness mailing address #2						Fill in	if Worldwide**	
	City				State		Zip Code + 4	orldwide forn	n must be filed with th	nis return
	Desi	gnated Agent Name					Designated Agen	t FEIN		
	•RE/	AD INSTRUCTIONS BEFORE PREPARING RETURN • (To allocate Non-Bus	iness Items, see instruction	s)	lf		nter dollar amo ine blank; if mir	unts only. nus, enter amount and fill i	in oval
	1	Gross receipts, minus returns and allowance	es.		1					00
	2	Cost of goods sold (from D-20 Schedule A) Attach statement.	and/or operat	tions.	2					00
OME	3	Gross profit from sales and/or operations. Line 1 minus Line 2.		Fill in if minus:	3					00
GROSS INCOME	4	Dividends from Form D-20, Schedule B.			4					00
	5 Interest. Attach statement.									00
GR	6 Gross rental income from D-20, Schedule I, Column 3.									00
	7	7 Gross royalties. Attach statement.								00
) Net capital gain. Attach copy of federal Form 11			8(a					00
		Ordinary gain (loss) from Part II, fed. Form 479	7, attach copy	Fill in if minus:	8(t)S				00
	9	Other income (loss). Attach statement.		Fill in if minus:	9					00
	10	Total gross income. <i>Add Lines</i> 3–9.		Fill in if minus:	10					00
	11	Compensation of officers from Form D-20, So	chedule C.		11					00
	12	Salaries and wages.			12					00
	13	Repairs.			13					00
	14	Bad debts.			14					00
S	15	Rent			15					00
NOI	16	Taxes from Form D-20, Schedule D.			16					00
DEDUCTIONS	17(a) Interest payments	\$	00						
ED	(b) Minus nondeductible payments to related entit	ties \$	00	= 17	c\$				00
	18	Contributions and/or gifts. Attach statement.			18					00
	19	Amortization. Attach a copy of your federal For	rm 4562.		19					00
	20	Depreciation. Attach a copy of your federal For any additional federal sec. 179 expenses or bon			20					00
	21	Depletion. Attach statement.			21					00
	22(a) Enter royalty payments made	\$	00						
	()	b) Minus nondeductible payments to related entit	ties \$	00	= 22	cS.				00

D-20 FORM, PAGE 2

Federal Employer I.D. Number:

Taxpayer Name:

SNOI_2	3	Pension, profit-sharing plans.	Fill in if minus:	23 \$	ENTER DOLLAR AMOUNTS ONLY	00
LCTI	4	Other deductions. Attach statement.	Thi in in himus.	24 \$		00
DEDUCT	5	Total deductions. Add Lines 11–24.		25 \$		00
2		Net income. Line 10 minus Line 25.	Fill in if minus:	26 \$		00
2	7	Net operating loss deduction. (For years before 2000.)		27 \$		00
2	8	Net income after net operating loss deduction.	Fill in if minus:	28 \$.00
2	9	(a) Non-business income/state adjustment. Attach statemen	t. Fill in if minus:	29a\$.00
		(b) Expense related to non-business income. Attach staten	nent.	29b\$		00
ш		(c) 29(a) minus 29(b).	Fill in if minus:	29c\$		00
E INCOM		Net income subject to apportionment. Line 28 minus Line 29(c).	Fill in if minus:	30 \$.00
	1	DC apportionment factor from Form D-20, Schedule F, col. 3,	Line 6.	31		
TAXABL		Net income from trade or business apportioned to DC. Line 30 amount multiplied by Line 31 facto	Fill in if minus:	32 \$.00
≥ 3		Other income/deductions attributable to DC. Attach statement.	Fill in if minus:	33 \$		00
3		Total taxable income before apportioned NOL deduction. Line 32 plus or minus Line 33.	Fill in if minus:	34 \$		00
3	5	Apportioned NOL deduction. (Losses occurring in year 2000	and later.)	35 \$		00
3	6	Total DC taxable income. Line 34 minus Line 35.	Fill in if minus:	36 \$		00
3	7	Tax 9.975% of Line 36		37 \$		00
3	8	Minus nonrefundable credits from Schedule UB, Line &	3	38 \$		00
က 3	9	Total DC gross receipts from Line '4' MTLGR Worksheet			00	
CREDI 5		Net tax. Line 37 minus Line 38. The minimum tax is \$250 if L are \$1M or less or \$1,000 if DC gross receipts are greater than		40 \$		00
IENTS AND (1	Payments and refundable credits: (a) Tax paid, if any, with request for an extension of tin paid with original return if this is an amended retur		41a \$.00
EN		(b) 2014 estimated franchise tax payments.		41b\$		00
MYA A		(c) Refundable credits from Schedule UB, Line 11.		41c \$		00
십 4 ×	2	Add lines 41(a), 41(b) and 41(c).		42 \$.00
XYI 4		Tax due. If Line 40 amount is larger, subtract Line 42 from Line 4 Will this payment come from an account outside the U.S.? Yes	0. No See instruction	43 \$ ^{15.}		00
4	4	Overpayment. If Line 42 amount is larger, subtract Line 40 from	Line 42.	44 \$		00
4 4	6	Amount you want to apply to your 2015 estimated framework framework to be refunded. Line 44 minus Line 45. Will this refund go to an account outside of the U.S.? Yes	nchise tax.	45 S		.00
4		Underestimated penalty (Fill in oval if D-2220 attached)			00	
PLEA SIG	ASE	Under penalties of law, I declare that I have examined this return and, to the bes	st of my knowledge, it is con	ect. Declaration		he preparer.
HEF	RE	Office 's signature Title		Date	Telephone number of person to cont	act
				5000		uut
PAI PREPA	ARER	Preparer's signature (if other than taxpayer) Date		m name	Firm address	
ON	LY	Preparer's PTIN		If you want to	allow the preparer to discuss this return with the Office enue fill in the oval	
			0014 0 00 00			

Round cents to the nearest dollar. If an amount is zero, make no entry.

Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)			Schedule B - Dividends (See specific instructions for Line 4.)						
1. Inventory at beginning of year	. \$			NAME AND ADDRESS OF DECLARING CORPORATION					MOUNT
 Merchandise bought for manufacture or sale 						\$			
3. Salaries and wages									
 Galaries and wages									
(Additional federal bonus depreciation is not allowable.)									
5. Total			_						
6. Minus: Inventory at end of tax year			_						
7. Cost of goods sold (Enter here and on D-20 Line 2.)	\$								
Method of inventory valuation:								 	
					Dividends			\$	
				Minu	s deduction for Su	bpart F Income.			
					s deduction for div ly-owned subsidar		rom		
				TOTA	L (Enter here and	on D-20, Line 4.)	\$	
Schedule C - Compensation of officers (See spec	ific instru	uctions	for Lin	e 11.)				1.	
Col. 1	Col. 2	,	Со	I. 3		Corporation Owned	Col. 6		Col. 7
Name and Address of Officer	Official T			of Time ted to	Col. 4	Col.5	Amount of		Expense Account
			Bus	iness	Common	Preferred	Compensation		Allowances
				%	%	%	\$	\$	
				_				+	
				%	%	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
				%	%	%			
				%	%	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
				/0	/0	/0			
TOTAL COMPENSATION OF OFFICERS (Enter here a	nd on D-2	20, Lin	ne 11.)				\$		
Schedule D - Taxes (See specific instructions for	r Line 16	6.)					•		
EXPLANATION		AMO	UNT			EXPLANATION		_	MOUNT
	\$			_				\$	
				_	OTAL (Enter here	and on D-20, Lin	e 16.)	\$	
Schedule E - Reconciliation of the net income r 1. Taxable income before net operating loss deduction and sp		on Fe	deral						
deductions (page 1 of your Federal corporate return).	\$			7.	Total DC taxable in	ncome reported (fr	rom D-20, Line 36	5). \$	
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME									
2. Income taxes (see specific instructions for line 16).			NC	N-TAXABLE INCO	ME AND ADDITIC	ONAL DEDUCTION	12		
3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.				8.	Net income appor	tioned or allocated	d to outside DC.		
4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.					Other non-taxable including NOL (ite		ional deductions		
5. Other unallowable deductions and additional income (item include additional federal bonus depreciation and additional					(a)				
IRC § 179 expenses).					(b)				
(b)					(D)				
6. TOTAL of Lines 1–5.	\$			10). TOTAL of Lines	\$			



Schedule F - DC apportionment factor (See instructions.)									
Round cents to the nearest dollar. If an amount is zero, leave the lin	e blank.		Carry all fa	actors to six decimal places					
1. PROPERTY FACTOR: Average value of real estate and tangible	Column 1 TOTAL	Column 2 in DC		Column 3 Factor (Column 2 divided by Column 1)					
personal property owned or rented to and used by the corpora- tion. (Financial institutions do not need to complete this item.)	\$.00 \$.00						
2. PAYROLL FACTOR: Total compensation paid or accrued by the corporation.	\$	00 \$.00						
3. SALES FACTOR: All gross receipts of the corporation other than gross receipts from non-business income.	\$	00 \$	00						
4. SALES FACTOR: Enter factor from Column 3, Line 3	\$.00 \$.00						
5. SUM OF FACTORS: (Lines 1 through 4.)	\$.00 \$.00						
5. DC APPORTIONMENT FACTOR: Line 5, Col 3 divided by 4 if there are 4 denominators. If 3 entries or less in Col. 1, divide Line 5,									

Col. 3 by the actual number of factors in Col. 1. Enter on D-20, Line 31.

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							

Sc	hedule G - Balance Sheets	Beginning of	Taxable Year	End of Taxable Year		
		(A) Amount	(B) Total	(A) Amount	(B) Total	
	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					
S	5. Other current assets (attach statement)					
Ш	6. Loans to stockholders					
SSI	7. Mortgage and real estate loans					
◄	8. Other investments (attach statement)					
	9. Buildings and other fixed depreciable asset					
	(a) MINUS: Accumulated depreciation					
	10. Depletable assets					
	(a) MINUS: Accumulated depletion					
	11. Land (net of any amortization)					
	12. Intangible assets (amortizable only)					
	(a) MINUS: Accumulated amortization					
	13. Other assets (attach statement)					
	14. TOTAL ASSETS					
	15. Accounts payable					
ł	16. Mortgages, notes, bonds payable in less than 1 year.					
A	17. Other current liabilities (attach statement)					
AP	18. Loans from stockholders					
ບ	19. Mortgages, notes, bonds payable in 1 year or more					
ð	20. Other liabilities (attach statement)					
AN	21. Capital stock: (a) Preferred stock					
ES	(b) Common stock					
Ē	22. Paid-in or capital surplus (attach statement)					
	23. Retained earnings - Appropriated (attach statement)					
BI	24. Retained earnings - Unappropriated					
LIA	25. MINUS: Cost of treasury stock		()		()	
	26. TOTAL LIABILITIES AND CAPITAL					

Schedule H-1 – Reconciliation of	Schedule H-1 – Reconciliation of Income (Loss) per Books With Income (Loss) per Return									
1. Net income per books	\$	7	7. Income recorded on bo		\$					
2. Federal income tax			included in this return (Tax-exempt interest \$							
3. Excess of capital losses over capital			ian enempt intereet ‡							
4. Taxable income not recorded on boo year (itemize)										
		5	3. Deductions on this tax i	return and not charged						
5. Expenses recorded on books this year	ar and not		against book income th							
deducted on this return (itemize).			(a) Depreciation	\$						
(a) Depreciation \$			(b) Depletion							
(b) Depletion\$			9. TOTAL of Lines 7 and		\$					
6. TOTAL of Lines 1 through 5	\$	1	.0. Taxable Income (federal F should equal Line 6 mir	\$						
Schedule H-2 – Analysis of Unap	propriated Retain	ned Earnings per Bo	oks		<u></u>					
1. Balance at beginning of year	\$	Ę	5. Distributions: (a) Ca	sh	\$					
2. Net income per books			(b) Ste							
3. Other increases (itemize)			(c) Pr	operty						
			5. Other decreases (itemiz							
			7. TOTAL of Lines 5 and 6		\$					
4. TOTAL of Lines 1, 2 and 3.	\$		B. Balance at end of year (\$					
	Ψ		or Balance at ona or year (↓ ↓					
Schedule I – Income from Rent										
			Col. 4 Depreciation*		Col. 6 Taxes, Interest					
Col. 1 Address of Property	Col. 2 Kind of Property	Col. 3 Gross Amount of Rent	or Amortization (Per Federal Form 4562)	Col. 5 Repairs (Explain in Sch. I-1)	and other Expenses* (Explain in Sch. I-1)					
1.		\$	\$	\$	\$					

2			 	
3.				
4.				
5.				
6.				
7. TOTAL (En	ter the total of Colum	n 3 on D-20,	\$ \$	\$ \$

Line 6. Enter total of Column 4, 5, and 6 on appropriate deduction lines.)

*excludes federal 30% and 50% bonus depreciation and additional IRC §179 expenses deductions.

Schedule I-1 – Explanation of deductions claimed in Columns 5 and 6 of Schedule I.

Column No.	Explanation	Amount	Column No.	Explanation	Amount
		\$			\$

D-20 FORM, PAGE 6

S	upplemental Information						
1.	STATE OR COUNTRY OF INCORPORATION	2.(a) DATE OF IN	NCORPORATION	2.(b) DA	TE BUSINESS BEGAN IN DC		ER WHERE FEDERAL RETURN RIOD COVERED BY THIS RETURN:
4.	THE CORPORATION'S BOOKS ARE IN THE CARE OF -			5. LOCA	TED AT –		
6.	During 2014, has the Internal Revenue Service adjustments to your federal income tax return, returns with the IRS? YES () NO ()		If you have already provided OTR with a detailed statement, enter the date				
	If "YES", please submit separately a detailed st submitted, to the address shown on page 7 uno				it was sent.		MM/DD/YYYY
7.	Is this corporation unitary with a partnership or another corporation?		YES	NO	If yes, explain:		
8.	Is this return made on the accrual basis?		YES (NO	lf no, indicate basis u	ised: Cash B	asis Other (specify)
9.	Did you file a franchise tax return with DC for the year 2013?		(<u> </u>	NO	lf no, state reason		
10	. Did you withhold DC income tax from wages pa DC resident employees during 2014?	id to your	YES (NO	If no, state reason:		
11	. Did you file annual information returns, federal f and 1099, relating to payment of dividends and 2014?		YES	NO			
12	. (a) Has the business been terminated?		YES (NO	If yes, explain and give	ve date:	
	(b) Have you moved out of DC?		YES	NO			
12	. Did you file an annual ballpark fee return?		YES (NO			





FEIN/SSN of Designated Agent	Fill in 🛁 if FEIN Fill in 📒 if SSN	Taxable Year YYYY	Worldwide			
Name of Designated Agent			Telephone number			
Business address line #1						
Business address line #2						
City		State Zi	p code +4			
In accordance with the pro- hereby made to report on a	ovisions of DC Official Co a worldwide unitary com	de § 47-1810.07 and the bined basis.	combined reporting regulations, election is			
• 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 reinstituted 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 years, subject to the same			election and is binding for a period of ten			
Date Beginning Tax Period: N	/MDDYYYY	Date Ending	g Tax Period: MMDDYYYY			
	-					
Authorized Signature						
Printed Name		Date				
Jnder 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.						

7 RESERVED 7 \$.00 8 Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 38. 8 \$.00 9 Qualified High Technology Company Retraining Costs Credit from Rat G, DC Form D-20CR, from pub. 399. 9 \$.00 10 RESERVED 10 \$.00 11 Total the refundable D-20 credits, enter here and on Form D-20, Line 41(c). 11 \$.00 D-30 Return .00 .00 .00 Nonrefundable Credits 12 \$.00 .00 12 Economic Development Zone Incentives Credit (see worksheet). 12 \$.00 .00 13 Organ and Bone Marrow Donor Credit (see computation on reverse side). This credit may not be applied against the required minimum tax. 14 \$.00 .00 14 Job Growth Incentive Act 14 \$.00 .00 15 Enter alternative fuel credits. See instructions 15(a) Alternative fuel credits. Add Lines 15(a) and 15(b) only and enter here. 16 \$.00 17 RESERVED 17 \$.00 .00	Covernment of the District of Columbia 2014 SCHEDULE UB Business Credit						
Taxpayer Identification Number Fill in If FEIN Fill in If filling a D-20 Return Fill in If SN Fill in If filling a D-30 Return P-20 Return Nonrefundable Credits 1 \$ 000 2 Qualified High Technology Company Credit (see worksheet). 1 \$ 000 3 Digra and Bone Marrow Donor Credit see computation on reverse stude. 3 \$ 000 4 Ob Growth Incentive Act 4 \$ 000 5 Enter alternative fuel infrastructure. \$ 00 \$ 000 5 (a) Alternative fuel credits. Sae instructions \$ 000 \$ 000 6 Total alternative fuel credits. Add Lines 5(a) and 5(b) only and enter here. 6 \$ 000 7 Test the nonrefundable D-20 credits, enter here and on Form D-20, Line 38. \$ 000 000 9 Qualified High Technology Company Retraining Costs Credit 9 \$ 000 10 Test the nonrefundable D-20 credits, enter here and on Form D-20, Line 38. \$ 000 10 Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 38. \$ 000 11 Total the refundable D-20 credits, enter here and on Form D-20, Line 38.	Imj						
Taxpayer Identification Number Fill in if FEIN Fill in if filing a D-30 Return Enter your business name Fill in if SSN Fill in if filing a D-30 Return D-20 Return Nonrofundable Crodits 1 S 000 2 Qualified High Technology Company Credit face worksheet). 1 S 000 3 Organ and Bone Marrow Donor Credit face worksheet). 3 S 000 4 Job Growth Incentive Act 4 S 000 5(a) Alternative fuel credits. See instructions 5(a) Alternative fuel credits. Add Lines 5(a) and 5(b) only and enter here. 6 S 000 7 RESERVED 7 S 000 8 Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 38. 8 000 9 Qualified High Technology Company Retraining Costs Credit 9 S 000 10 Cream Bone Marrow Dozone, bane More More Mathem Act 1 S 000 7 RESERVED 7 S 000 000 8 Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 38. 8 000 000 10<		Attach to your Form D-20 or	D-30.		OF	FICIAL USE ONLY	
Fill in If EN Fill in If filling a D-20 Return Enter your business name Fill in If filling a D-20 Return 1 Economic Development Zone Incentives Credit (see worksheet). 1 \$ 000 2 Qualified High Technology Company Credit (see computation on reverse side). 3 3 \$ 000 3 Organ and Bone Marrow Donor Credit (see computation on reverse side). 3 \$ 000 1 Enter alternative fuel credits. See instructions \$ 000 \$ 000 5(a) Alternative fuel credits. Add Lines 5(a) and 5(b) only and enter here. 6 \$ \$ 000 7 RESERVED 7 \$ 000 \$ 000 8 Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 38. 8 \$ 000 9 Qualified High Technology Company Retraining Costs Credit (see worksheet). 10 \$ 000 10 Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 38. 8 \$ 000 9 Qualified High Technology Company Retraining Costs Credit (see worksheet). 12 \$ 000 11					Ven	dor ID# 0002	
Fill in if SSN Fill in if filing a D-30 Return Enter your business name P-20 Return P-20 Return 1 Economic Development Zone Incentives Credit (see worksheer). 1 \$ 000 2 Qualified High Technology Company Oredit from Part 1 DC Form D-200R, from pub. 399. 2 \$ 000 3 Organ and Bone Marrow Donor Credit (see computation on reverse side). 3 \$ 000 5 Enter alternative fuel credits. See instructions \$ 000 \$ 000 5(a) Alternative fuel credits. Add Lines 5(a) and 5(b) only and enter here. 6 \$ \$ 000 7 RESERVED 7 \$ 000 \$ 000 8 Total alternative fuel credits, and there here and on Form D-20, Line 38. 8 \$ 000 8 Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 38. 8 \$ 000 9 Qualified High Technology Company Retaining Costs Credit (see worksheet). 11 \$ 000 10 Total the refundable D-20 credits, enter here and on Form D-20, Line 41(c). 12 \$ 000 11 Total the r	Тах	payer Identification Number Fill in	if FFIN	Fill in if filing a D-2	0 Return		
Enter your business name D-20 Feturn Non-refundable Credits 1 Economic Development Zone Incentives Credit (see worksheet). 1 \$ 000 2 Qualified High Technology Company Credit from Part F, DC Form D-20CR, from pub. 399. 2 \$ 000 3 Organ and Bone Marrow Donor Credit (see computation on reverse stide). 3 3 000 This credit may not be applied against the required minimum tax. 4 4 000 5 5(a) Atternative fuel infrastructure. # of stations 000 6 000 5(b) Atternative fuel conversion. # of vehicles 000 6 000 6 Total alternative fuel credits, Add Lines 5(a) and 5(b) only and enter here. 6 \$ 000 7 RESERVED 7 \$ 000 8 Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 38. 8 000 9 Qualified High Technology Company Retraining Costs Credit from Part G, DC Rom D-20CR, from pau. 399. 0 000 10 RESERVED 10 \$ 000 000 11 Total the refundable Credits 000 000 00				Ŭ			
D-20 Return Nonrefundable Credits 1 Economic Development Zone Incentives Credit (see worksheet). 1 \$ 000 3 000 3 \$ 000 3 000 3 \$ 000 3 000 3 \$ 000 3 000 3 \$ 000 3 5 000 3 \$ 000 5 20 Aulified High Technology Company Credit (see computation on reverse side). 3 \$ 000 5 Enter alternative fuel credits. See instructores \$ 000 \$ 000 5 Alternative fuel credits. Add Lines 5(a) and 5(b) only and enter here. 6 \$ 000 7 RESERVED 7 \$ 000 000 8 Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 38. 8 \$ 000 9 Qualified High Technology Company Retraining Costs Credit (see worksheet). 1 \$ 000 10 RESERVED 10 \$ 000 000 11 Total the redundabl	Ent	er your business name		<u> </u>			
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Note: Set on ordin Development Zone Incentives Credit (see worksheet). 1 S 000 2 Qualified High Technology Company Credit (see computation on reverse side). 3 S 000 3 Organ and Bone Marrow Donor Credit (see computation on reverse side). 3 S 000 4 Job Growth Incentive Act S 000 000 5 Enter alternative fuel credits. See instructions \$ 000 6 Total alternative fuel credits. See instructions \$ 000 7 RESERVED 7 \$ 000 8 Total alternative fuel credits, and Lines 5(a) and 5(b) only and enter here. 6 \$ 000 7 RESERVED 7 \$ 000 8 Total the nonrefundable Credits, enter here and on Form D-20, Line 38. \$ 000 10 RESERVED 10 \$ 000 11 Total the refundable D-20 credits, enter here and on Form D-20, Line 41(c). 11 \$ 000 11 Total the refundable D-20 credits, enter here and on Form D-20, Line 41(c). 12 \$ 000 12 Economic Development Zone Incentives C	D-2	20 Return					
2 Qualified High Technology Company Credit <i>tram Part F, DC Form D-20CR, tram pub. 399.</i> 2 \$ 000 3 Organ and Bone Marrow Donor Credit (see computation on reverse side). This credit may not be applied against the required minimum tax. 4 4 \$ 000 4 Job Growth Incentive Act 4 \$ \$ 000 5(a) Alternative fuel infrastructure. # of stations 000 * * 000 5(b) Alternative fuel vehicle conversion. * * 000 * * 000 7 RESERVED 7 \$ 000 * 000 000 8 Total alternative fuel credits. Add Lines 5(a) and 5(b) only and enter here. 6 \$ \$ 000 8 Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 38. 8 \$ 000 10 RESERVED 10 \$ 000 \$ 000 11 Total the refundable D-20 credits, enter here and on Form D-20, Line 41(c). 11 \$ 000 12 Economic Development Zone Incentives Credit (see worksheet). 11 \$ 000 13 Org							
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Qualified High Technology Companies If you claim credits on Lines 2 or 9 above, attach a copy of your DC Form D-20CR to the D-20. 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 13 of Schedule UB for D-30 filers