



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

Federal Employer I.D. Number: _____ Number of business locations: _____ OFFICIAL USE ONLY Vendor ID# 0002

In DC: _____ Outside DC: _____

Name of corporation: _____ Tax period ending (MMYY): _____ Fill in _____ if Amended Return
 Fill in _____ if Final Return

Business mailing address #1: _____ Fill in _____ if Certified QHTC
 Fill in _____ if Combined Report*

Business mailing address #2: _____ *You must fill in the Designated Agent info below
 Fill in _____ if Worldwide**
 **Worldwide form must be filed with this return

City: _____ State: _____ Zip Code + 4: _____

Designated Agent Name: _____ Designated Agent FEIN: _____

• READ INSTRUCTIONS BEFORE PREPARING RETURN • (To allocate Non-Business Items, see instructions) Enter dollar amounts only. If amount is zero, leave line blank; if minus, enter amount and fill in oval

GROSS INCOME

1	Gross receipts, minus returns and allowances.	1	\$	00
2	Cost of goods sold (from D-20 Schedule A) and/or operations. Attach statement.	2	\$	00
3	Gross profit from sales and/or operations. Line 1 minus Line 2. Fill in if minus: _____	3	\$	00
4	Dividends from Form D-20, Schedule B.	4	\$	00
5	Interest. Attach statement.	5	\$	00
6	Gross rental income from D-20, Schedule I, Column 3.	6	\$	00
7	Gross royalties. Attach statement.	7	\$	00
8(a)	Net capital gain. Attach copy of federal Form 1120, Schedule D.	8(a)	\$	00
8(b)	Ordinary gain (loss) from Part II, fed. Form 4797, attach copy. Fill in if minus: _____	8(b)	\$	00
9	Other income (loss). Attach statement. Fill in if minus: _____	9	\$	00
10	Total gross income. Add Lines 3-9. Fill in if minus: _____	10	\$	00

DEDUCTIONS

11	Compensation of officers from Form D-20, Schedule C.	11	\$	00
12	Salaries and wages.	12	\$	00
13	Repairs.	13	\$	00
14	Bad debts.	14	\$	00
15	Rent	15	\$	00
16	Taxes from Form D-20, Schedule D.	16	\$	00
17(a)	Interest payments \$ _____ 00			
17(b)	Minus nondeductible payments to related entities \$ _____ 00 =	17c	\$	00
18	Contributions and/or gifts. Attach statement.	18	\$	00
19	Amortization. Attach a copy of your federal Form 4562.	19	\$	00
20	Depreciation. Attach a copy of your federal Form 4562. Do not include any additional federal sec. 179 expenses or bonus depreciation.	20	\$	00
21	Depletion. Attach statement.	21	\$	00
22(a)	Enter royalty payments made \$ _____ 00			
22(b)	Minus nondeductible payments to related entities \$ _____ 00 =	22c	\$	00

Taxpayer Name: [Redacted]

Federal Employer I.D. Number: [Redacted]



		ENTER DOLLAR AMOUNTS ONLY	
DEDUCTIONS	23 Pension, profit-sharing plans. <small>Fill in if minus:</small>		00
	24 Other deductions. <small>Attach statement.</small>		00
	25 Total deductions. <small>Add Lines 11-24.</small>		00
TAXABLE INCOME	26 Net income. <small>Line 10 minus Line 25. Fill in if minus:</small>		00
	27 Net operating loss deduction. <small>(For years before 2000.)</small>		00
	28 Net income after net operating loss deduction. <small>Line 26 minus Line 27. Fill in if minus:</small>		00
	29 (a) Non-business income/state adjustment. <small>Attach statement. Fill in if minus:</small>	29a	00
	(b) Expense related to non-business income. <small>Attach statement.</small>	29b	00
	(c) 29(a) minus 29(b). <small>Fill in if minus:</small>	29c	00
	30 Net income subject to apportionment. <small>Line 28 minus Line 29(c). Fill in if minus:</small>	30	00
	31 DC apportionment factor <small>from Form D-20, Schedule F, col. 3, Line 6.</small>	31	[Redacted]
	32 Net income from trade or business apportioned to DC. <small>Line 30 amount multiplied by Line 31 factor. Fill in if minus:</small>	32	00
	33 Other income/deductions attributable to DC. <small>Attach statement. Fill in if minus:</small>	33	00
	34 Total taxable income before apportioned NOL deduction. <small>Line 32 plus or minus Line 33. Fill in if minus:</small>	34	00
	35 Apportioned NOL deduction. <small>(Losses occurring in year 2000 and later.)</small>	35	00
	36 Total DC taxable income. <small>Line 34 minus Line 35. Fill in if minus:</small>	36	00
37 Tax 9.975% of Line 36	37	00	
38 Minus nonrefundable credits from Schedule UB, Line 8	38	00	
TAX PAYMENTS AND CREDITS	39 Total DC gross receipts <small>from Line '4' MTLGR Worksheet</small>		00
	40 Net tax. <small>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.</small>	40	00
	41 Payments and refundable credits:	41a	00
	(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.		
	(b) 2014 estimated franchise tax payments.	41b	00
	(c) Refundable credits from Schedule UB, Line 11.	41c	00
	42 Add lines 41(a), 41(b) and 41(c).	42	00
	43 Tax due. <small>If Line 40 amount is larger, subtract Line 42 from Line 40. Will this payment come from an account outside the U.S.? Yes No See instructions.</small>	43	00
	44 Overpayment. <small>If Line 42 amount is larger, subtract Line 40 from Line 42.</small>	44	00
	45 Amount you want to apply to your 2015 estimated franchise tax.	45	00
46 Amount to be refunded. <small>Line 44 minus Line 45. Will this refund go to an account outside of the U.S.? Yes No See instructions.</small>	46	00	
47 Underestimated penalty <small>(Fill in oval if D-2220 attached)</small>		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. Declaration of paid preparer is based on the information available to the preparer.

Office's signature: [Redacted] Title: [Redacted] Date: [Redacted] Telephone number of person to contact: [Redacted]

PAID PREPARER ONLY

Preparer's signature (if other than taxpayer): [Redacted] Date: [Redacted] Firm name: [Redacted] Firm address: [Redacted]

Preparer's PTIN: [Redacted]

If you want to allow the preparer to discuss this return with the Office of Tax and Revenue fill in the oval: [Redacted]

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	AMOUNT
2. Merchandise bought for manufacture or sale.....			\$
3. Salaries and wages.....			
4. Other costs per books (attach statement)..... (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:			
		Total Dividends	\$
		Minus deduction for Subpart F Income.	
		Minus deduction for dividends received from wholly-owned subsidiary	
		TOTAL (Enter here and on D-20, Line 4.)	\$

Schedule C - Compensation of officers (See specific instructions for Line 11.)						
Col. 1 Name and Address of Officer	Col. 2 Official Title	Col. 3 Percent of Time Devoted to Business	Percent of Corporation Stock Owned		Col. 6 Amount of Compensation	Col. 7 Expense Account Allowances
			Col. 4 Common	Col. 5 Preferred		
		%	%	%	\$	\$
		%	%	%		
		%	%	%		
		%	%	%		
		%	%	%		
TOTAL COMPENSATION OF OFFICERS (Enter here and on D-20, Line 11.)					\$	

Schedule D - Taxes (See specific instructions for Line 16.)			
EXPLANATION	AMOUNT	EXPLANATION	AMOUNT
	\$		\$
		TOTAL (Enter here and on D-20, Line 16.)	\$

Schedule E - Reconciliation of the net income reported on Federal and DC returns			
1. Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return).	\$	7. Total DC taxable income reported (from D-20, Line 36).	\$
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME		NON-TAXABLE INCOME AND ADDITIONAL DEDUCTIONS	
2. Income taxes (see specific instructions for line 16).		8. Net income apportioned or allocated to outside DC.	
3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.		9. Other non-taxable income and additional deductions including NOL (itemize):	
4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.		(a)	
5. Other unallowable deductions and additional income (itemize, include additional federal bonus depreciation and additional IRC § 179 expenses).		(b)	
(a)			
(b)			
6. TOTAL of Lines 1-5.	\$	10. TOTAL of Lines 7, 8 and 9.	\$

Supplemental Information

<p>1. STATE OR COUNTRY OF INCORPORATION</p> <p>[REDACTED]</p>	<p>2.(a) DATE OF INCORPORATION</p> <p>[REDACTED]</p>	<p>2.(b) DATE BUSINESS BEGAN IN DC</p> <p>[REDACTED]</p>	<p>3. IRS SERVICE CENTER WHERE FEDERAL RETURN WAS FILED FOR PERIOD COVERED BY THIS RETURN:</p> <p>[REDACTED]</p>
<p>4. THE CORPORATION'S BOOKS ARE IN THE CARE OF –</p> <p>[REDACTED]</p>		<p>5. LOCATED AT –</p> <p>[REDACTED]</p>	
<p>6. During 2014, has the Internal Revenue Service made or proposed any adjustments to your federal income tax return, or did you file any amended returns with the IRS? YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If "YES", please submit separately a detailed statement, unless previously submitted, to the address shown on page 7 under Amended returns.</p>			
			<p>If you have already provided OTR with a detailed statement, enter the date it was sent.</p> <p>[REDACTED] MM/DD/YYYY</p>
<p>7. Is this corporation unitary with a partnership or another corporation?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>If yes, explain:</p> <p>[REDACTED]</p>	
<p>8. Is this return made on the accrual basis?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>If no, indicate basis used: <input type="checkbox"/> Cash Basis <input type="checkbox"/> Other (specify)</p>	
<p>9. Did you file a franchise tax return with DC for the year 2013?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>If no, state reason</p> <p>[REDACTED]</p>	
<p>10. Did you withhold DC income tax from wages paid to your DC resident employees during 2014?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>If no, state reason:</p> <p>[REDACTED]</p>	
<p>11. Did you file annual information returns, federal forms 1096 and 1099, relating to payment of dividends and interest for 2014?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>			
<p>12. (a) Has the business been terminated?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>If yes, explain and give date:</p>	
<p>(b) Have you moved out of DC?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>		<p>[REDACTED]</p>	
<p>12. Did you file an annual ballpark fee return?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>			

Worldwide Combined Reporting Election Form



FEIN/SSN of Designated Agent, Taxable Year YYYY, 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

1	Economic Development Zone Incentives Credit (see worksheet).	1	\$	<input type="text"/>	.00
2	Qualified High Technology Company Credit from Part F, DC Form D-20CR, from pub. 399.	2	\$	<input type="text"/>	.00
3	Organ and Bone Marrow Donor Credit (see computation on reverse side). This credit may not be applied against the required minimum tax.	3	\$	<input type="text"/>	.00
4	Job Growth Incentive Act	4	\$	<input type="text"/>	.00
5	Enter alternative fuel credits. See instructions				
	5(a) Alternative fuel infrastructure. <input type="text"/> # of stations \$ <input type="text"/> .00				
	5(b) Alternative fuel vehicle conversion. <input type="text"/> # of vehicles \$ <input type="text"/> .00				
6	Total alternative fuel credits. Add Lines 5(a) and 5(b) only and enter here.	6	\$	<input type="text"/>	.00
7	RESERVED	7	\$	<input type="text"/>	.00
8	Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 38.	8	\$	<input type="text"/>	.00

Refundable Credits

9	Qualified High Technology Company Retraining Costs Credit from Part G, DC Form D-20CR, from pub. 399.	9	\$	<input type="text"/>	.00
10	RESERVED	10	\$	<input type="text"/>	.00
11	Total the refundable D-20 credits, enter here and on Form D-20, Line 41(c).	11	\$	<input type="text"/>	.00

D-30 Return

Nonrefundable Credits

12	Economic Development Zone Incentives Credit (see worksheet).	12	\$	<input type="text"/>	.00
13	Organ and Bone Marrow Donor Credit (see computation on reverse side). This credit may not be applied against the required minimum tax.	13	\$	<input type="text"/>	.00
14	Job Growth Incentive Act	14	\$	<input type="text"/>	.00
15	Enter alternative fuel credits. See instructions				
	15(a) Alternative fuel infrastructure. <input type="text"/> # of stations \$ <input type="text"/> .00				
	15(b) Alternative fuel vehicle conversion <input type="text"/> # of vehicles \$ <input type="text"/> .00				
16	Total alternative fuel credits. Add Lines 15(a) and 15(b) only and enter here.	16	\$	<input type="text"/>	.00
17	RESERVED	17	\$	<input type="text"/>	.00
18	Total the nonrefundable D-30 credits, enter here and on Form D-30, Line 38.	18	\$	<input type="text"/>	.00

Schedule UB Instructions

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.

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) [Yellow Box]	Total Paid Leave Wages \$ [Yellow Box]	Col 2 [Yellow Box] amt. × 25% [Yellow Box] \$ [Yellow Box]	\$ [Yellow Box]
Bone Marrow Donor(s) [Yellow Box]	Total Paid Leave Wages \$ [Yellow Box]	Col 2 [Yellow Box] amt. × 25% [Yellow Box] \$ [Yellow Box]	\$ [Yellow Box]
		Total of Col. 4. Enter here and on Schedule UB.*	[Yellow Box]

*Line 3 of Schedule UB for D-20 filers
Line 13 of Schedule UB for D-30 filers