



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  Fill in  if SSN  
 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   | \$                   | <input type="text"/> | .00 |
|  | 2  | Cost of goods sold (from D-30, Schedule A) and/or operations.  | 2   | \$                   | <input type="text"/> | .00 |
|  | 3  | Gross profit. Line 1 minus Line 2. Fill in if minus: <input type="radio"/>   | 3   | \$                   | <input type="text"/> | .00 |
|  | 4  | Dividends. Minus Subpart F income (Attach statement).  | 4   | \$                   | <input type="text"/> | .00 |
|  | 5  | Interest. Attach statement showing calculations.   | 5   | \$                   | <input type="text"/> | .00 |
|  | 6  | Gross rental income Attach statement.  | 6   | \$                   | <input type="text"/> | .00 |
|  | 7  | Gross royalties. Attach statement.   | 7   | \$                   | <input type="text"/> | .00 |
|  | 8(a)   | Net capital gain. Attach a copy of your federal Schedule D.  | 8a  | \$                   | <input type="text"/> | .00 |
|  |  | (b) Ordinary gain (loss) from Part II, fed. Form 4797, attach copy Fill in if minus: <input type="radio"/>   | 8b  | \$                   | <input type="text"/> | .00 |
|  | 9  | Other income (loss). Attach a detailed statement. Fill in if minus: <input type="radio"/>  | 9   | \$                   | <input type="text"/> | .00 |
| 10   | Total gross income. Add Lines 3-9. Fill in if minus: <input type="radio"/> | 10   | \$  | <input type="text"/> | .00                  |     |
| <b>IF LINE 10 IS \$12,000 OR LESS, STOP HERE, DO NOT FILE THIS RETURN.</b> |  |  |     |                      |                      |                      |                      |                      |                      |     |
| DEDUCTIONS   | 11   | Salaries and wages (Do not include owner(s)/member(s)).  | 11  | \$                   | <input type="text"/> | .00 |
|  | 12   | Repairs.   | 12  | \$                   | <input type="text"/> | .00 |
|  | 13   | Bad debts. Attach a copy of any statement filed with your federal return.  | 13  | \$                   | <input type="text"/> | .00 |
|  | 14(a)  | Royalty payments made \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00                                  |     |                      |                      |                      |                      |                      |                      |     |
|  |  | (b) Minus nondeductible payments to related entities \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00 = | 14c | \$                   | <input type="text"/> | .00 |
|  | 15   | Rent.  | 15  | \$                   | <input type="text"/> | .00 |
|  | 16   | Taxes from D-30, Schedule C.   | 16  | \$                   | <input type="text"/> | .00 |
|  | 17(a)  | Interest payments \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00                                      |     |                      |                      |                      |                      |                      |                      |     |
|  |  | (b) Minus nondeductible payments to related entities \$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> 00 = | 17c | \$                   | <input type="text"/> | .00 |
|  | 18   | Contributions and/or gifts from D-30, Schedule B.  | 18  | \$                   | <input type="text"/> | .00 |
|  | 19   | Amortization. Attach a copy of your federal Form 4562, Part VI.  | 19  | \$                   | <input type="text"/> | .00 |
|  | 20   | Depreciation. Attach a copy of your federal Form 4562. Do not include the additional federal bonus depreciation.   | 20  | \$                   | <input type="text"/> | .00 |
|  | 21   | Other allowable deductions from D-30, Schedule G.  | 21  | \$                   | <input type="text"/> | .00 |
| 22   | Total deductions. Add Lines 11-21.   | 22   | \$  | <input type="text"/> | .00                  |     |
| 23   | Net income. Line 10 minus Line 22. Fill in if minus: <input type="radio"/> | 23   | \$  | <input type="text"/> | .00                  |     |



**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 |
|--------------|--------|-------------|--------|
|              | \$     |             | \$     |
|              |        |             |        |
|              |        |             |        |
|              |        |             |        |
|              |        |             |        |
|              |        |             |        |
|              |        |             |        |
| <b>TOTAL</b> |        |             | \$     |

\*

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

| Name and Address of Payee | Amount | Name and Address of Payee | Amount |
|---------------------------|--------|---------------------------|--------|
|                           | \$     |                           | \$     |
|                           |        |                           |        |
|                           |        |                           |        |
|                           |        |                           |        |
|                           |        |                           |        |
| <b>TOTAL</b> . . . . .    |        |                           | \$     |

\* 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

|  | Column 1 TOTAL | Column 2 in DC | Column 3 Factor<br>(Column 2 divided by Column 1) |
|--|----------------|----------------|---|
| 1. <b>PROPERTY FACTOR:</b> Average value of real estate and tangible personal property owned or rented to and used by the unincorporated business.   | \$ .00         | \$ .00         | .   |
| 2. <b>PAYROLL FACTOR:</b> Total compensation paid or accrued by the unincorporated business.   | \$ .00         | \$ .00         | .   |
| 3. <b>SALES FACTOR:</b> All gross receipts of the unincorporated business other than gross receipts from items of non-business income.   | \$ .00         | \$ .00         | .   |
| 4. <b>SALES FACTOR:</b> Enter factor from Column 3, Line 3   | \$ .00         | \$ .00         | .   |
| 5. <b>SUM OF FACTORS:</b> (Lines 1 through 4.)   | \$ .00         | \$ .00         | .   |
| 6. <b>DC APPORTIONMENT FACTOR:</b> 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-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 |
|   | \$     |
|   |        |
|   |        |
|   |        |
|   |        |
| <b>TOTAL</b> (Also enter on D-30, Line 21.) | \$     |

| Schedule H - Income not reported (claimed as nontaxable)<br>(See instructions.) |        |
|---|--------|
| Nature of Income  | Amount |
|   | \$     |
|   |        |
|   |        |
|   |        |
| <b>TOTAL</b>  | \$     |

| Schedule I - BALANCE SHEETS (See Instructions.)                   |  | Beginning of Taxable Year      |           | End of Taxable Year |           |
|---|--|--------------------------------|-----------|---------------------|-----------|
|   |  | (A) Amount                     | (B) Total | (A) Amount          | (B) Total |
| <b>ASSETS</b>   | 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 . . . . .                      |                                |           |                     |           |
|   | <b>LIABILITIES AND CAPITAL</b>                                     | 9. Depletable assets . . . . . |           |                     |           |
| (a) MINUS: Accumulated depletion . . . . .                        |  |                                |           |                     |           |
| 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) | Social Security Number | 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.  
 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.

|  |    |
|--|----|
| Enter total taxable income as shown on Line 34 of D-30.  | \$ |
| Net income of Unincorporated Business from both within and outside DC (from Line 25 of D-30) . . . . . | \$ |

| SUPPLEMENTAL INFORMATION   |  |  |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
|--|--|--|--|-----|----|---------------------------------|-----------------------|-----------------------|--|--|--|--|--|----|------------------|-----------------------|-----------------------|--|--|--|--|
| 1. During 2014, 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?<br>Yes <input type="radio"/> No <input type="radio"/><br>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<br><input style="width: 95%; height: 20px;" type="text"/> | 3. DATE BUSINESS BEGAN<br><input style="width: 95%; height: 20px;" type="text"/>   |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| 4. IF BUSINESS HAS TERMINATED, STATE REASON<br><input style="width: 95%; height: 20px;" type="text"/>  | 5. TERMINATION DATE<br><input style="width: 95%; height: 20px;" type="text"/>            |  |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| 6. TYPE OF OWNERSHIP (sole proprietor, partnership, etc.)<br><input style="width: 95%; height: 20px;" type="text"/>  |  |  |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| 7. Place where federal income tax return for period covered by this return was filed:<br><input style="width: 95%; height: 20px;" type="text"/>  |  |  |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| 8. Name(s) under which federal return for period covered by this return was filed:<br><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 2014? <table style="float: right; margin-left: 20px;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: left;">If no, please state reason:</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td><input style="width: 80%; height: 20px;" type="text"/></td> </tr> </table>  |  |  |  | Yes | No | If no, please state reason:     | <input type="radio"/> | <input type="radio"/> | <input style="width: 80%; height: 20px;" type="text"/>   |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| Yes  | No   | If no, please state reason:  |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| <input type="radio"/>  | <input type="radio"/>  | <input style="width: 80%; height: 20px;" type="text"/>   |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| 10. Is this return reported on the accrual basis? <table style="float: right; margin-left: 20px;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: left;">If no, fill in the method used:</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td> <input type="radio"/> Cash basis<br/> <input type="radio"/> Other (specify) <input style="width: 80%; height: 20px;" type="text"/> </td> </tr> </table>  |  |  |  | Yes | No | If no, fill in the method used: | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> Cash basis<br><input type="radio"/> Other (specify) <input style="width: 80%; height: 20px;" type="text"/> |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| Yes  | No   | If no, fill in the method used:  |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| <input type="radio"/>  | <input type="radio"/>  | <input type="radio"/> Cash basis<br><input type="radio"/> Other (specify) <input style="width: 80%; height: 20px;" type="text"/> |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| 11. Did you withhold DC income tax from the wages of your DC employees during 2014? <table style="float: right; margin-left: 20px;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: left;">If no, state reason:</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td><input style="width: 80%; height: 20px;" type="text"/></td> </tr> <tr> <td colspan="3"><input style="width: 80%; height: 20px;" type="text"/></td> </tr> </table>  |  |  |  | Yes | No | If no, state reason:            | <input type="radio"/> | <input type="radio"/> | <input style="width: 80%; height: 20px;" type="text"/>   | <input style="width: 80%; height: 20px;" type="text"/> |  |  |  |    |                  |                       |                       |  |  |  |  |
| Yes  | No   | If no, state reason:   |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| <input type="radio"/>  | <input type="radio"/>  | <input style="width: 80%; height: 20px;" type="text"/>   |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| <input style="width: 80%; height: 20px;" type="text"/>   |  |  |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| 12. Did you file a franchise tax return for the business with the District of Columbia for the year 2013? If yes, enter name under which return was filed: <table style="float: right; margin-left: 20px;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: left;">If no, state reason:</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td><input style="width: 80%; height: 20px;" type="text"/></td> </tr> <tr> <td colspan="3"><input style="width: 80%; height: 20px;" type="text"/></td> </tr> <tr> <td colspan="3"><input style="width: 80%; height: 20px;" type="text"/></td> </tr> </table>  |  |  |  | Yes | No | If no, state reason:            | <input type="radio"/> | <input type="radio"/> | <input style="width: 80%; height: 20px;" type="text"/>   | <input style="width: 80%; height: 20px;" type="text"/> |  |  | <input style="width: 80%; height: 20px;" type="text"/> |    |                  |                       |                       |  |  |  |  |
| Yes  | No   | If no, state reason:   |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| <input type="radio"/>  | <input type="radio"/>  | <input style="width: 80%; height: 20px;" type="text"/>   |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| <input style="width: 80%; height: 20px;" type="text"/>   |  |  |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| <input style="width: 80%; 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="float: right; margin-left: 20px;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td><input style="width: 80%; height: 20px;" type="text"/></td> </tr> <tr> <td colspan="3"><input style="width: 80%; height: 20px;" type="text"/></td> </tr> <tr> <td colspan="3"><input style="width: 80%; height: 20px;" type="text"/></td> </tr> </table>   |  |  |  | Yes | No |                                 | <input type="radio"/> | <input type="radio"/> | <input style="width: 80%; height: 20px;" type="text"/>   | <input style="width: 80%; height: 20px;" type="text"/> |  |  | <input style="width: 80%; height: 20px;" type="text"/> |    |                  |                       |                       |  |  |  |  |
| Yes  | No   |  |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| <input type="radio"/>  | <input type="radio"/>  | <input style="width: 80%; height: 20px;" type="text"/>   |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| <input style="width: 80%; height: 20px;" type="text"/>   |  |  |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| <input style="width: 80%; 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="float: right; margin-left: 20px;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td></td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td><input style="width: 80%; height: 20px;" type="text"/></td> </tr> <tr> <td colspan="3"><input style="width: 80%; height: 20px;" type="text"/></td> </tr> <tr> <td colspan="3"><input style="width: 80%; height: 20px;" type="text"/></td> </tr> </table>   |  |  |  | Yes | No |                                 | <input type="radio"/> | <input type="radio"/> | <input style="width: 80%; height: 20px;" type="text"/>   | <input style="width: 80%; height: 20px;" type="text"/> |  |  | <input style="width: 80%; height: 20px;" type="text"/> |    |                  |                       |                       |  |  |  |  |
| Yes  | No   |  |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| <input type="radio"/>  | <input type="radio"/>  | <input style="width: 80%; height: 20px;" type="text"/>   |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| <input style="width: 80%; height: 20px;" type="text"/>   |  |  |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| <input style="width: 80%; height: 20px;" type="text"/>   |  |  |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| 15. (a) Is this business unitary with a partnership or another corporation? <table style="float: right; margin-left: 20px;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: left;">If yes, explain:</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td><input style="width: 80%; height: 20px;" type="text"/></td> </tr> <tr> <td colspan="3"><input style="width: 80%; height: 20px;" type="text"/></td> </tr> </table><br>(b) Is this business unitary with a combined group? <table style="float: right; margin-left: 20px;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> <td style="text-align: left;">If yes, explain:</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> <td><input style="width: 80%; height: 20px;" type="text"/></td> </tr> <tr> <td colspan="3"><input style="width: 80%; height: 20px;" type="text"/></td> </tr> </table> |  |  |  | Yes | No | If yes, explain:                | <input type="radio"/> | <input type="radio"/> | <input style="width: 80%; height: 20px;" type="text"/>   | <input style="width: 80%; height: 20px;" type="text"/> |  |  | Yes  | No | If yes, explain: | <input type="radio"/> | <input type="radio"/> | <input style="width: 80%; height: 20px;" type="text"/> | <input style="width: 80%; height: 20px;" type="text"/> |  |  |
| Yes  | No   | If yes, explain:   |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| <input type="radio"/>  | <input type="radio"/>  | <input style="width: 80%; height: 20px;" type="text"/>   |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| <input style="width: 80%; height: 20px;" type="text"/>   |  |  |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| Yes  | No   | If yes, explain:   |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| <input type="radio"/>  | <input type="radio"/>  | <input style="width: 80%; height: 20px;" type="text"/>   |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| <input style="width: 80%; height: 20px;" type="text"/>   |  |  |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| 16. Did you file an annual ballpark fee return? <table style="float: right; margin-left: 20px;"> <tr> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> <tr> <td style="text-align: center;"><input type="radio"/></td> <td style="text-align: center;"><input type="radio"/></td> </tr> </table>   |  |  |  | Yes | No | <input type="radio"/>           | <input type="radio"/> |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| Yes  | No   |  |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |
| <input type="radio"/>  | <input type="radio"/>  |  |  |     |    |                                 |                       |                       |  |  |  |  |  |    |                  |                       |                       |  |  |  |  |

Worldwide Combined Reporting Election Form



FEIN/SSN of Designated Agent

Fill in  if FEIN

Taxable Year YYYY

Worldwide

Input boxes for FEIN/SSN

Fill in  if SSN

Input boxes for Taxable Year

Name of Designated Agent

Telephone number

Input boxes for Name of Designated Agent

Input boxes for Telephone number

Business address line #1

Input boxes for Business address line #1

Business address line #2

Input boxes for Business address line #2

City

State

Zip code +4

Input boxes for City

Input boxes for State

Input boxes for 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

Input boxes for Date Beginning Tax Period

Input boxes for Date Ending Tax Period

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.



**Organ and Bone Marrow Donor Credit**  
— Computation —

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

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