



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 In the District: Outside the District: Number of business locations: 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 Certified QHTC
 Business Mailing Address line #2: Fill in if Combined Report*
 City: State: Zip Code + 4: *You must fill in the Designated Agent info below
 Designated Agent Name: Designated Agent FEIN: Fill in if Worldwide**
 **WorldWide form must be filed with this return

		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. 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							
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	\$	<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
	\$		\$
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

	Column 1 TOTAL	Column 2 in DC	Column 3 Factor (Column 2 divided by Column 1)
1. PROPERTY FACTOR: Average value of real estate and tangible personal property owned or rented to and used by the unincorporated business.	\$ _____ 00	\$ _____ 00	. _____
2. PAYROLL FACTOR: Total compensation paid or accrued by the unincorporated business.	\$ _____ 00	\$ _____ 00	. _____
3. SALES FACTOR: All gross receipts of the unincorporated business other than gross receipts from items of non-business income.	\$ _____ 00	\$ _____ 00	. _____
4. SALES FACTOR: Enter factor from Column 3, Line 3			. _____
5. SUM OF FACTORS: (Add Column 3 entries, Lines 1 through 4.)			. _____
6. DC APPORTIONMENT FACTOR: Line 5 divided by 4 if there are 4 denominators. If fewer than 3 entries in Col. 1, divide Line 5 by the actual number of factors in Col. 3. 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				
10. Land (net of any amortization)					
11. Intangible assets (amortizable only)					
(a) MINUS: Accumulated amortization					
12. Other assets (attach statement)					
13. TOTAL ASSETS					
LIABILITIES AND CAPITAL	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

<p>1. During 2013, 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="radio"/> No <input type="radio"/></p> <p>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.</p>	<p>2. PRINCIPAL BUSINESS ACTIVITY</p> <p>4. IF BUSINESS HAS TERMINATED, STATE REASON</p> <p>6. TYPE OF OWNERSHIP (sole proprietor, partnership, etc.)</p>	<p>3. DATE BUSINESS BEGAN</p> <p>5. TERMINATION DATE</p>
<p>7. Place where federal income tax return for period covered by this return was filed:</p>		
<p>8. Name(s) under which federal return for period covered by this return was filed:</p>		
<p>9. Have you filed annual Federal Information Returns, (forms 1096 and 1099) pertaining to compensation payments for 2013? Yes <input type="radio"/> No <input type="radio"/> If no, please state reason:</p>		
<p>10. Is this return reported on the accrual basis? Yes <input type="radio"/> No <input type="radio"/> If no, fill in the method used: <input type="radio"/> Cash basis <input type="radio"/> Other (specify) _____</p>		
<p>11. Did you withhold DC income tax from the wages of your DC employees during 2013? Yes <input type="radio"/> No <input type="radio"/> If no, state reason: _____</p>		
<p>12. Did you file a franchise tax return for the business with the District of Columbia for the year 2012? Yes <input type="radio"/> No <input type="radio"/> If no, state reason: _____ If yes, enter name under which return was filed: _____</p>		
<p>13. Does this return include income from more than one business conducted by the taxpayer? Yes <input type="radio"/> No <input type="radio"/> (If yes, list businesses and net income (loss) of each.)</p>		
<p>14. Is income from any other business or business interest owned by the proprietors of this business being reported in a separate return? Yes <input type="radio"/> No <input type="radio"/> (If yes, list names and addresses of the other businesses.)</p>		
<p>15. Is this business an adjunct of a corporation, or affiliated with any corporation? Yes <input type="radio"/> No <input type="radio"/> (If yes, explain affiliation to stockholders and proprietors.)</p>		

Worldwide Combined Reporting Election Form



FEIN/SSN of Designated Agent

Fill in if FEIN

Taxable Year: YYYY

Worldwide

Fill in if SSN

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 District 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.

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 11 of Schedule UB for D-30 filers