



Taxpayer Name: \_\_\_\_\_



FEIN or SSN: \_\_\_\_\_

		ENTER DOLLAR AMOUNTS ONLY																				
TAXABLE INCOME	23	Net income. <i>Line 10 minus Line 22.</i>	Fill in if minus:	<input type="radio"/>	23	\$														00		
	24	Net operating loss deduction <i>for years before 2000.</i>			24	\$														00		
	25	Net income after NOL deduction. <i>Line 23 minus Line 24.</i>	Fill in if minus:	<input type="radio"/>	25	\$														00		
	26	(a) Non-business income. <i>Attach an allocation statement.</i>	Fill in if minus:	<input type="radio"/>	26a	\$															00	
		(b) Minus: Related expenses. <i>Attach an allocation statement.</i>			26b	\$															00	
		(c) Subtract Line 26(b) from Line 26(a).	Fill in if minus:	<input type="radio"/>	26c	\$															00	
	27	Net income from trade or business subject to apportionment. <i>Line 25 minus Line 26(c).</i>	Fill in if minus:	<input type="radio"/>	27	\$															00	
	28	DC apportionment factor <i>from D-30, Schedule F, Col 3, Line 5.</i>			28																	
	29	Net income from trade or business apportioned to DC. <i>Multiply Line 27 by the factor on Line 28.</i>	Fill in if minus:	<input type="radio"/>	29	\$															00	
	30	Portion of Line 26(c) attributable to DC. <i>Attach statement.</i>	Fill in if minus:	<input type="radio"/>	30	\$															00	
TAX, PAYMENTS AND CREDITS	31	Total District net income (loss). <i>Combine Lines 29 and 30.</i>	Fill in if minus:	<input type="radio"/>	31	\$															00	
	32	Salary for owner(s) / member(s) services from D-30, Schedule J, Column 4.			32	\$															00	
	33	Exemption. <i>Maximum is \$5000. Enter days in DC. → 33a</i> <input type="text"/> <input type="text"/> <input type="text"/> <i>If fewer than 365 days in DC, see page 10 for amount to claim.</i>			33	\$															00	
	34	Total taxable income before apportioned NOL deduction <i>Line 31 minus total of Lines 32 and 33.</i>	Fill in if minus:	<input type="radio"/>	34	\$															00	
	35	Apportioned NOL deduction. <i>Losses occurring for year 2000 and later.</i>			35	\$															00	
	36	Total taxable income. <i>Line 34 minus Line 35.</i>	Fill in if minus:	<input type="radio"/>	36	\$															00	
	37	Tax <i>9.975% of Line 36. If less than \$100 enter \$100.</i>			37	\$															00	
	38	Minus nonrefundable credits from Schedule UB, Line 14.			38	\$															00	
	39	Net tax (may not be less than \$100).			39	\$															00	
	40	Payments and refundable credits:																				
		(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.			40a	\$																00
		(b) 2010 estimated franchise tax payments.			40b	\$																00
		(c) Refundable credits from Schedule UB, Line 17.			40c	\$																00
	41	Add lines 40(a), (b) and (c).			41	\$																00
	42	Tax due. <i>If Line 39 amount is larger, subtract Line 41 from Line 39. Will this payment come from an account outside the U.S.?</i> <input type="radio"/> Yes <input type="radio"/> No <i>See p.7.</i>			42	\$																00
43	Overpayment. <i>If Line 41 amount is larger, subtract Line 39 from Line 41.</i>			43	\$																00	
44	Amount you want to apply to your 2011 estimated franchise tax.			44	\$																00	
45	Amount to be refunded. <i>Line 43 minus Line 44. Will this refund go to an account outside the U.S.?</i> <input type="radio"/> Yes <input type="radio"/> No <i>See p.7</i>			45	\$																00	

**Payment due return** – make payment payable to the DC Treasurer. Include your FEIN/SSN, D-30 and tax year on the payment and attach it to the D-2030P voucher. Mail return and payment to Office of Tax and Revenue, PO Box 679, Washington, DC 20044-0679.

**Refund or no payment due return** – mail to Office of Tax and Revenue, PO Box 221, Washington, DC 20044-0221.

Your return is due by the 15th day of the fourth month following the close of your tax year. PO Box mail labels are provided with the return envelope.

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 FEIN, SSN or PTIN			If you want to allow the preparer to discuss this return with the Office of Tax and Revenue fill in the oval. <input type="radio"/>						

**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 page 10 of the instructions.)

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

1. **PROPERTY FACTOR:** Average value of real estate and tangible personal property owned or rented to and used by the unincorporated business.
2. **PAYROLL FACTOR:** Total compensation paid or accrued by the unincorporated business.
3. **SALES FACTOR:** All gross receipts of the unincorporated business other than gross receipts from items of non-business income.
4. **SUM OF FACTORS:** (Add Column 3.)
5. **DC APPORTIONMENT FACTOR:** Line 4 divided by 3 if there are 3 denominators. If fewer than 3, divide Line 4 by that number. Enter on D-30, line 28.

Column 1 TOTAL	Column 2 in DC	Column 3 Factor (Column 2 divided by Column 1)
\$ .00	\$ .00	.
\$ .00	\$ .00	.
\$ .00	\$ .00	.
		.
		.

*Carry all factors to six decimal places*

**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)  
(See page 11 of instructions.)

Nature of Income	Amount
	\$
<b>TOTAL</b>	\$

**Schedule I - BALANCE SHEETS** (See page 11 of Instructions.)

	BEGINNING OF TAX YEAR		END OF TAX YEAR	
	AMOUNT	TOTAL	AMOUNT	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.			
	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. <b>TOTAL ASSETS.</b>			
<b>Liabilities - Capital</b>	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.			
	20. <b>TOTAL LIABILITIES AND CAPITAL.</b>			

**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 .....				\$	\$	\$	\$	\$
<b>Col. 4 - See page 9 of Instructions.</b>				Enter total taxable income as shown on Line 34 of D-30.				\$
<b>Col. 5 - See page 10 of Instructions.</b>								
<b>Col. 6 - Any loss amount from Line 31 of D-30.</b>				Net income of Unincorporated Business from both within and outside DC (from Line 25 of D-30) .....				\$
<b>Col. 7 - Enter the difference between Line 25 and Line 31 of D-30.</b>								

**SUPPLEMENTAL INFORMATION**

1. During 2010, 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  No   
 If "Yes", submit separately an amended Form D-30 and a detailed statement, concerning adjustments, to the Office of Tax and Revenue, PO Box 7572, Washington, DC 20044-7572.

2. PRINCIPAL BUSINESS ACTIVITY \_\_\_\_\_

3. DATE BUSINESS BEGAN \_\_\_\_\_

4. IF BUSINESS HAS TERMINATED, STATE REASON \_\_\_\_\_

5. TERMINATION DATE \_\_\_\_\_

6. TYPE OF OWNERSHIP (sole proprietor, partnership, etc.) \_\_\_\_\_

7. Place where federal income tax return for period covered by this return was filed: \_\_\_\_\_

8. Name(s) under which federal return for period covered by this return was filed: \_\_\_\_\_

9. Have you filed annual Federal Information Returns, (forms 1096 and 1099) pertaining to compensation payments for 2010? Yes  No  If no, please state reason: \_\_\_\_\_

10. Is this return reported on the accrual basis? Yes  No  If no, fill in the method used:  Cash basis  Other (specify) \_\_\_\_\_

11. Did you withhold DC income tax from the wages of your DC employees during 2010? Yes  No  If no, state reason: \_\_\_\_\_

12. Did you file a franchise tax return for the business with the District of Columbia for the year 2009? Yes  No  If no, state reason: \_\_\_\_\_  
 If yes, enter name under which return was filed: \_\_\_\_\_

13. Does this return include income from more than one business conducted by the taxpayer? Yes  No   
 (If yes, list businesses and net income (loss) of each.) \_\_\_\_\_

14. Is income from any other business or business interest owned by the proprietors of this business being reported in a separate return? Yes  No   
 (If yes, list names and addresses of the other businesses.) \_\_\_\_\_

15. Is this business an adjunct of a corporation, or affiliated with any corporation? Yes  No   
 (If yes, explain affiliation to stockholders and proprietors.) \_\_\_\_\_



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

Taxpayer Identification Number	Fill in <input type="radio"/> if FEIN	Fill in <input type="radio"/> if filing a D-20 Return	OFFICIAL USE ONLY
<input type="text"/>	Fill in <input type="radio"/> if SSN	Fill in <input type="radio"/> if filing a D-30 Return	Vendor ID# 0002

Enter your business name

**D-20 Return**

**Nonrefundable Credits**

- 1 Economic Development Zone Incentives Credit *from the worksheet on page 12.*
- 2 Qualified High Technology Company Credit *from Part F, DC Form D-20CR, from Pub. 399*
- 3 Organ and Bone Marrow Donor Credit *(see computation on reverse).*
- 4 RESERVED
- 5 RESERVED
- 6 Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 38.  
*These credits may not be applied against the required \$100 minimum tax.*

1	\$	<input type="text"/>	00
2	\$	<input type="text"/>	00
3	\$	<input type="text"/>	00
4	\$	<input type="text"/>	00
5	\$	<input type="text"/>	00
6	\$	<input type="text"/>	00

**Refundable Credits**

- 7 Qualified High Technology Company Retraining Costs Credit *from Part G, Form D-20CR, from Pub. 399*
- 8 RESERVED
- 9 Total the refundable D-20 credits, enter here and on Form D-20, Line 40(c).

7	\$	<input type="text"/>	00
8	\$	<input type="text"/>	.00
9	\$	<input type="text"/>	.00

**D-30 Return**

**Nonrefundable Credits**

- 10 Economic Development Zone Incentives Credit *from the worksheet on page 12.*
- 11 Organ and Bone Marrow Donor Credit *(see computation on reverse).*
- 12 RESERVED
- 13 RESERVED
- 14 Total the nonrefundable D-30 credits, enter here and on Form D-30, Line 38.  
*These credits may not be applied against the required \$100 minimum tax.*

10	\$	<input type="text"/>	00
11	\$	<input type="text"/>	00
12	\$	<input type="text"/>	00
13	\$	<input type="text"/>	00
14	\$	<input type="text"/>	00

**Refundable Credits**

- 15 Qualified High Technology Company Retraining Costs Credit *from Line 6, DC Form D-30CR, from Pub. 399*
- 16 RESERVED
- 17 Total the refundable D-30 credits, enter here and on Form D-30, Line 40(c).

15	\$	<input type="text"/>	00
16	\$	<input type="text"/>	.00
17	\$	<input type="text"/>	.00

**Schedule UB Instructions**

**Qualified High Technology Companies**

If you claim credits on Lines 2 or 8 above, attach a copy of your DC Form D-20CR to the D-20.

If you claim a credit on Line 15 above, attach a copy of your DC Form D-30CR to the D-30.

**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. x 25% _____ \$ _____	\$ _____
Bone Marrow Donor(s)	Total Paid Leave Wages \$ _____	Col 2 _____ amt. x 25% _____ \$ _____	\$ _____
		<b>Total of Col. 4. Enter here and on Schedule UB*.</b>	

Line 3 for D-20 filers  
\*Line 11 for D-30 filers