

Taxpayer Name: _____

Federal Employer I.D. Number: _____



		ENTER DOLLAR AMOUNTS ONLY										
DEDUCTIONS	23 Pension, profit-sharing plans. Fill in if minus: <input type="radio"/>	23	\$									00
	24 Other deductions. <i>Attach statement.</i>	24	\$									00
	25 Total deductions. <i>Add Lines 11-24.</i>	25	\$									00
TAXABLE INCOME	26 Net income. <i>Line 10 minus Line 25.</i> Fill in if minus: <input type="radio"/>	26	\$									00
	27 Net operating loss deduction. <i>(For years before 2000.)</i>	27	\$									00
	28 Net income after net operating loss deduction. Fill in if minus: <input type="radio"/> <i>Line 26 minus Line 27.</i>	28	\$									00
	29 (a) Non-business income/state adjustment. <i>Attach statement.</i> Fill in if minus: <input type="radio"/>	29a	\$									00
		(b) Expense related to non-business income. <i>Attach statement.</i>	29b	\$								00
		(c) 29(a) minus 29(b). Fill in if minus: <input type="radio"/>	29c	\$								00
	30 Net income subject to apportionment. Fill in if minus: <input type="radio"/> <i>Line 28 minus Line 29(c).</i>	30	\$									00
	31 DC apportionment factor <i>from Form D-20, Schedule F, col. 3, Line 6.</i>	31										
	32 Net income from trade or business apportioned to DC. Fill in if minus: <input type="radio"/> <i>Line 30 amount multiplied by Line 31 factor.</i>	32	\$									00
	33 Portion of Line 29(c) attributable to DC. Fill in if minus: <input type="radio"/> <i>Attach statement.</i>	33	\$									00
	34 Total taxable income before apportioned NOL deduction. Fill in if minus: <input type="radio"/> <i>Line 32 plus or minus Line 33.</i>	34	\$									00
	35 Apportioned NOL deduction. <i>(Losses occurring in year 2000 and later.)</i>	35	\$									00
	36 Total District taxable income, <i>Line 34 minus Line 35.</i> Fill in if minus: <input type="radio"/>	36	\$									00
	37 Total DC Gross Receipts <i>(Line '4' from MTLGR worksheet.)</i>	37	\$									00
38 Tax 9.975% of Line 36. The minimum tax is \$250 if DC gross receipts is \$1M or less. The minimum tax is \$1,000 if DC gross receipts is greater than \$1M.	38	\$									00	
TAX PAYMENTS AND CREDITS	39 Minus nonrefundable credits from Schedule UB, Line 6	39	\$								00	
	40 Net tax, <i>See instructions for minimum requirements.</i>	40	\$								00	
	41 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.	41a	\$								00
		(b) 2012 estimated franchise tax payments.	41b	\$								00
		(c) Refundable credits from Schedule UB, Line 9.	41c	\$								00
	42 Add lines 41(a), (b) and (c).	42	\$								00	
	43 Tax due. <i>If Line 40 amount is larger, subtract Line 42 from Line 40. Will this payment come from an account outside the U.S.? <input type="radio"/> Yes <input type="radio"/> No See instructions.</i>	43	\$								00	
	44 Overpayment. <i>If Line 42 amount is larger, subtract Line 40 from Line 42.</i>	44	\$								00	
	45 Amount you want to apply to your 2013 estimated franchise tax.	45	\$								00	
46 Amount to be refunded. <i>Line 44 minus Line 45. Will this refund go to an account outside of the U.S.? <input type="radio"/> Yes <input type="radio"/> No See instructions.</i>	46	\$								00		
47 Enter FAS 109 Deduction from Worksheet	47	\$								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.

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 PTIN _____ If you want to allow the preparer to discuss this return with the Office of Tax and Revenue fill in the oval.

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 District 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.	\$



Schedule F - DC apportionment factor (See page 8 of the 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 <small>(Column 2 divided by Column 1)</small>
1. PROPERTY FACTOR: Average value of real estate and tangible personal property owned or rented to and used by the corporation. (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			.
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-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	

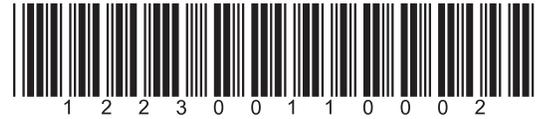
Schedule G - Balance Sheets Beginning of Taxable Year End of Taxable Year

	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.				
5. Other current assets (attach statement)				
6. Loans to stockholders				
7. Mortgage and real estate loans				
8. Other investments (attach statement)				
9. Buildings and other fixed depreciable assets				
(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				
16. Mortgages, notes, bonds payable in less than 1 year				
17. Other current liabilities (attach statement)				
18. Loans from stockholders				
19. Mortgages, notes, bonds payable in 1 year or more				
20. Other liabilities (attach statement)				
21. Capital stock: (a) Preferred stock				
(b) Common stock				
22. Paid-in or capital surplus (attach statement)				
23. Retained earnings - Appropriated (attach statement)				
24. Retained earnings - Unappropriated				
25. MINUS: Cost of treasury stock		()		()
26. TOTAL LIABILITIES AND CAPITAL				

Supplemental Information

1. STATE OR COUNTRY OF INCORPORATION	2.(a) DATE OF INCORPORATION	2.(b) DATE BUSINESS BEGAN IN DC	3. IRS SERVICE CENTER WHERE FEDERAL RETURN WAS FILED FOR PERIOD COVERED BY THIS RETURN:
4. THE CORPORATION'S BOOKS ARE IN THE CARE OF –		5. LOCATED AT –	
<p>6. During 2012, 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="radio"/> NO <input type="radio"/></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 style="text-align: right;">If you have already provided OTR with a detailed statement, enter the date it was sent. <input style="width: 100px; height: 20px;" type="text"/> MM/DD/YYYY</p>			
<p>7. Is this corporation affiliated with a partnership or another corporation? <input type="radio"/> YES <input type="radio"/> NO If yes, explain:</p>			
<p>8. Is this return made on the accrual basis? <input type="radio"/> YES <input type="radio"/> NO If no, indicate basis used: <input type="radio"/> Cash Basis <input type="radio"/> Other (specify)</p>			
<p>9. Did you file a franchise tax return with DC for the year 2011? <input type="radio"/> YES <input type="radio"/> NO If no, state reason</p>			
<p>10. Did you withhold DC income tax from wages paid to your DC resident employees during 2012? <input type="radio"/> YES <input type="radio"/> NO If no, state reason:</p>			
<p>11. Did you file annual information returns, federal forms 1096 and 1099, relating to payment of dividends and interest for 2012? <input type="radio"/> YES <input type="radio"/> NO</p>			
<p>12. (a) Has the business been terminated? <input type="radio"/> YES <input type="radio"/> NO If yes, explain and give date:</p> <p>(b) Have you moved out of DC? <input type="radio"/> YES <input type="radio"/> NO</p>			

Worldwide Combined Reporting Election Form



FEIN/SSN of Designated Agent, Name of Designated Agent, Business address line #1, City, State, Zip code +4, Telephone number

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

Taxpayer Identification Number

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Fill in if FEIN Fill in if filing a D-20 Return
Fill in if SSN Fill in if filing a D-30 Return

Enter your business name

D-20 Return

Nonrefundable Credits

1	Economic Development Zone Incentives Credit <i>from the worksheet on page 12.</i>	1	\$.00
2	Qualified High Technology Company Credit <i>from Part F, DC Form D-20CR, from pub. 399.</i>	2	\$.00
3	Organ and Bone Marrow Donor Credit <i>(see computation on reverse side).</i>	3	\$.00
4	Job Growth Incentive Act	4	\$.00
5	RESERVED	5	\$.00
6	Total the nonrefundable D-20 credits, enter here and on Form D-20, Line 39. <i>These credits may not be applied against the required minimum tax.</i>	6	\$.00

Refundable Credits

7	Qualified High Technology Company Retraining Costs Credit <i>from Part G, Form D-20CR, from pub. 399.</i>	7	\$.00
8	RESERVED	8	\$.00
9	Total the refundable D-20 credits, enter here and on Form D-20, Line 41(c).	9	\$.00

D-30 Return

Nonrefundable Credits

10	Economic Development Zone Incentives Credit <i>from the worksheet on page 12.</i>	10	\$.00
11	Organ and Bone Marrow Donor Credit <i>(see computation on reverse side).</i>	11	\$.00
12	Job Growth Incentive Act	12	\$.00
13	RESERVED	13	\$.00
14	Total the nonrefundable D-30 credits, enter here and on Form D-30, Line 39. <i>These credits may not be applied against the required minimum tax.</i>	14	\$.00

Refundable Credits

15	Qualified High Technology Company Retraining Costs Credit <i>from Line 6, DC Form D-30CR, from pub. 399.</i>	15	\$.00
16	RESERVED	16	\$.00
17	Total the refundable D-30 credits, enter here and on Form D-30, Line 41(c).	17	\$.00

Schedule UB Instructions

Qualified High Technology Companies

If you claim credits on Lines 2 or 7 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. × 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 for D-20 filers
Line 11 for D-30 filers