

D-20 SUB Corporation Franchise Tax Return



Taxpayer Identification Number (TIN) 999999999 Number of business locations In DC: 999 Outside DC: 999

Name of corporation XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Business mailing address #1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Business mailing address #2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

City XXXXXXXXXXXXXXXXXXXXXXXX State XX Zipcode+4 999999999

Designated Agent Name XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX Designated Agent TIN 999999999

SOFTWARE DEVELOPER USE ONLY

VENDOR ID # 9999 Mark if: X QHTC located in DC Ballpark TIF area Mark if: X AMENDED RETURN Mark if: X FINAL RETURN Mark if: X CERTIFIED QHTC Mark if: X COMBINED REPORT\* \*You must fill in the Designated Agent info below Mark if: X WORLDWIDE\*\* \*\*Worldwide form must be filed with this return

• READ INSTRUCTIONS BEFORE PREPARING RETURN • (To allocate non-business items, see instructions)

Enter dollar amounts only. If amounts zero, leave line blank; if minus, enter amount and mark X in oval.

GROSS INCOME

Table with 3 columns: Description, Amount, and Line Number. Rows include Gross receipts, Cost of goods sold, Gross profit, Dividends, Interest, Gross rental income, Gross royalties, Net capital gain, Ordinary gain, and Capital gains.

DEDUCTIONS

Table with 3 columns: Description, Amount, and Line Number. Rows include Other income, Total gross income, Compensation of officers, Salaries and wages, Repairs, Bad debts, Rent, Taxes, Interest payments, Contributions and gifts, Amortization, Depreciation, Depletion, and Royalty payments.

Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXX



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Enter dollar amounts only

Table with columns for line number, description, and amount. Includes rows for Deductions (24-31), Total DC taxable income (36), and Payments and refundable credits (41-48).

Third party designee To authorize another person to discuss this return with OTR, mark in here [X] and enter the name and phone number of that person. See instructions.

Designee's name XXXXXXXXXXXXXXXXXXXXXXXX

Phone number 999999999

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.

999999999

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 999999999

If you want to allow the preparer to discuss this return with the Office of Tax and Revenue mark in the oval. [X]

Email Address

XX



Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Taxpayer Identification Number (TIN) 999999999

Schedule A - Cost of Goods Sold and Schedule B - Dividends table with columns for description, amount, and corporation name.

Schedule C - Compensation of officers table with columns for officer name, title, time devoted, stock ownership, and compensation.

Schedule D - Taxes table with columns for explanation and amount.

Schedule E - Reconciliation of the net income reported on Federal and DC returns table with columns for federal and DC items.



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**Schedule F - DC apportionment factor (See instructions.)**

Note: If this is a combined report do not use Schedule F to derive the apportionment factor for the group. Leave Schedule F blank. Use Combined Reporting Schedule 2A, Line 9 instead.

Round cents to the nearest dollar.

Carry all factors to six decimal places and truncate.

For all businesses other than financial institutions:

	Column 1 TOTAL	Column 2 in DC	Column 3 Factor (Column 2 divided by Column 1)
1. <b>SALES FACTOR:</b> All gross receipts of the business other than gross receipts from non-business income.	999999999.00	999999999.00	9.999999

For Financial Institutions:

2. <b>SALES FACTOR:</b> All gross income of the financial institution other than gross income from non-business income.	999999999.00	999999999.00	9.999999
3. <b>PAYROLL FACTOR:</b> Total compensation paid or accrued by the financial institution.	999999999.00	999999999.00	9.999999
4. <b>SUM OF FACTORS:</b> (For Financial Institutions add Lines 2 and 3 of Column 3)			9.999999
5. <b>DC APPORTIONMENT FACTOR:</b> For businesses other than financial institutions enter the number from Line 1, Column 3. Enter on D-20, Line 31. For financial institutions divide Line 4, Column 3 by 2. Enter on D-20, Line 31.			9.999999

**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
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. 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. . . . .				
LIABILITIES AND CAPITAL				
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 . . . . .				

Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXXXX



Taxpayer Identification Number (TIN) 999999999

**Schedule H-1 – Reconciliation of Income (Loss) per Books With Income (Loss) per Return**

1. Net income per books. . . . .		7. Income recorded on books this year and not included in this return (itemize). Tax-exempt interest _____	
2. Federal income tax . . . . .			
3. Excess of capital losses over capital gains . .			
4. Taxable income not recorded on books this year (itemize) . . . . .			
5. Expenses recorded on books this year and not deducted on this return (itemize).  (a) Depreciation . . . . .  (b) Depletion . . . . .		8. Deductions on this tax return and not charged against book income this year (itemize). (a) Depreciation . . . . . (b) Depletion . . . . .	
6. TOTAL of Lines 1 through 5. . . . .		9. TOTAL of Lines 7 and 8 . . . . .	
		10. Taxable Income (federal Form 1120, page 1, line 28 should equal Line 6 minus Line 9 of this Schedule.)	

**Schedule H-2 – Analysis of Unappropriated Retained Earnings per Books**

1. Balance at beginning of year . . . . .		5. Distributions: (a) Cash . . . . . (b) Stock . . . . . (c) Property . . . . .	
2. Net income per books . . . . .			
3. Other increases (itemize) . . . . .		6. Other decreases (itemize). _____	
4. TOTAL of Lines 1, 2 and 3. . . . .		7. TOTAL of Lines 5 and 6. . . . .	
		8. Balance at end of year (Line 4 minus Line 7). .	

**Schedule I – Income from Rent**

Col. 1 Address of Property	Col. 2 Kind of Property	Col. 3 Gross Amount of Rent	Col. 4 Depreciation* or Amortization (per Federal Form 4562)	Col. 5 Repairs (Explain in Sch. I-1)	Col. 6 Taxes, Interest and other Expenses * (Explain in Sch. I-1)
1. 999XXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	99999999	99999999	99999999	99999999
2. 999XXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	99999999	99999999	99999999	99999999
3. 999XXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	99999999	99999999	99999999	99999999
4. 999XXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	99999999	99999999	99999999	99999999
5. 999XXXXXXXXXXXXXXXXX	XXXXXXXXXXXX	99999999	99999999	99999999	99999999
6. TOTAL (Enter the total of Column 3 on D-20 Line 6. Enter total of Column 4, 5, and 6 on appropriate deduction lines.)		99999999	99999999	99999999	99999999

**Schedule I-1 – Explanation of deductions claimed in Column 5 and 6 of Schedule I.**

Column No.	Explanation	Amount	Column No.	Explanation	Amount

Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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\*

Schedule K- Disregarded Entities (Name and TIN for any single member limited liability company that is treated as a disregarded entity for District franchise tax purposes, whose income is included in the income reported on this return, and which is doing business in the District). (See instructions.)

Table with 2 columns: Disregarded Entity Name, TIN. Multiple rows of red X's and 999999999.

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 -
6. During 2023, 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 X NO X
7. Is this corporation unitary with another entity? X YES X NO
8. Is this return made on the accrual basis? X YES X NO
9. Did you file a franchise tax return with DC for the year 2022? X YES X NO
10. Did you withhold DC income tax from wages paid to your DC resident employees during 2023? X YES X NO
11. Did you file annual information returns, federal forms 1096 and 1099, relating to payment of dividends and interest for 2023? X YES X NO
12. (a) Has the business been terminated? X YES X NO
(b) Have you moved out of DC? X YES X NO
13. Did you file an annual ballpark fee return? X YES X NO

\*Schedule J has been deleted.