

2022 D-30 SUB Unincorporated Business Franchise Tax Return



Taxpayer Identification Number (TIN) Mark if: FEIN
999999999 Mark if: SSN

Number of business locations
In DC 999 Outside dc 999

SOFTWARE DEVELOPER USE ONLY
VENDOR ID # 9999

Registered Business Name Tax period ending (MMDDYYYY)
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX 99999999

Business Mailing address line #1
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Business Mailing address line #2
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX

City State Zipcode +4
XXXXXXXXXXXXXXXXXXXX XX 999999999

Mark if: Amended Return
Mark if: Final Return
Mark if: Combined Report*
*You must fill in the Designated Agent info below
Mark if: Worldwide**
**Worldwide form must be filed with this return

Designated Agent Name Designated Agent FEIN
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX 999999999

1 Gross receipts, minus returns and allowances 1 999999999999.00
2 Cost of goods sold (from D-30, Schedule A) and/or operations 2 999999999999.00

3 Gross profit Line 1 minus Line 2 Mark if minus 3 999999999999.00

GROSS INCOME 4 Dividends, Minus Subpart F Income (attach statement) 4 999999999999.00

5 Interest (attach statementshowing calculations) 5 999999999999.00

6 Gross rental income (attach statement) 6 999999999999.00

7 Gross royalties (attach statement) 7 999999999999.00

8a Net capital gain (loss) (attach a copy of your federal Schedule D) Mark if minus 8a 999999999999.00

(b) Ordinary gain (loss) from Part II, federal Form 4797 (attach copy) Mark if minus 8b 999999999999.00

9 Capital gains deferred on federal return due to investment in a federal Qualified Opportunity Fund 9 999999999999.00

10 Other income (loss) (attach a detailedstatement) Mark if minus 10 999999999999.00

11 Total gross income Add Lines 3 -10 Mark if minus 11 999999999999.00

12 Salaries and wages (Do not include owner(s)/member(s)) 12 999999999999.00

13 Repairs 13 999999999999.00

14 Bad debts (attach a copy of any statement filed with your federal return) 14 999999999999.00

15a Royalty payments made 999999999999.00

(b) Minus nondeductible payments to related entities 999999999999.00 = 15c 999999999999.00

DEDUCTIONS 16 Rent 16 999999999999.00

17 Taxes from Form D-30, Schedule C 17 999999999999.00

18a Interest payments 999999999999.00

(b) Minus nondeductible payments to related entities 999999999999.00 = 18c 999999999999.00

19 Contributions and/or gifts from D-30, Schedule B 19 999999999999.00

20 Amortization (attach copy of your Federal Form 4562, Part VI) 20 999999999999.00

21 Depreciation (attach copy of your Federal Form 4562.) 21 999999999999.00

Do not include any additional IRC 179 expenses or IRC 168(k) depreciation.)

D-30 FORM, PAGE 2



Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Taxpayer Identification Number 999999999

Enter dollar amounts only

TAXABLE INCOME

TAX, PAYMENTS AND CREDITS

Table with 4 columns: Line number, Description, Mark if minus, Amount. Includes lines 22-48 for taxable income and tax payments/credits.



Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXXXX

Taxpayer Identification Number 999999999

Round cents to the nearest dollar. If an amount is zero, make no entry.

Schedule A - COST OF GOODS SOLD (See specific instructions for Line 2.)

Table with 8 rows for Schedule A: 1. Inventory at beginning of year, 2. Purchases, Minus cost of items withdrawn for personal use, 3. Cost of Labor, 4. Material and supplies, 5. Other costs, 6. Total of lines 1 through 5, 7. Inventory at end of year, 8. Cost of goods sold. Includes a 'Method of inventory valuation used' field and a column for amounts.

Schedule B - CONTRIBUTIONS AND/OR GIFTS (See specific instructions for Line 19.)

Table for Schedule B with 10 rows. Each row contains fields for Name, Amount, Description, and Amount. The last row is labeled 'TOTAL (Limited to 15% of net income - also enter on D-30, Line 19.)'.

Schedule C - TAXES (See specific instructions for Line 17.)

Table for Schedule C with 4 columns: Type of Tax, Amount, Type of Tax, Amount. Includes a 'TOTAL' row at the bottom.

*

Schedule E - INTEREST EXPENSE (See specific instructions for Line 18.)

Table for Schedule E with 4 columns: Name and Address of Payee, Amount, Name and Address of Payee, Amount. Includes a 'TOTAL' row at the bottom.

*Schedule D has been deleted.



Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Taxpayer Identification Number 999999999

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. If an amount is zero, leave the line blank.

Carry all factors to six decimal places and truncate

	Column 1 TOTAL	Column 2 in DC	DC Apportionment Factor
1. SALES FACTOR: All gross receipts of the unincorporated business other than gross receipts from items of non-business income.	999999999 . 00	999999999 . 00	(Column 2 divided by Column 1)
2. DC APPORTIONMENT FACTOR: Column 2 divided by Column 1. Enter on D-30, Line 28.			9 .999999

Schedule G - Other allowable deductions

Nature of Deduction	Amount
XX	999999999
XX	999999999
XX	999999999
XX	999999999
XX	999999999
XX	999999999
TOTAL (Also enter on D-30, Line 23.)	999999999

Schedule H - Income not reported (claimed as nontaxable) (See instructions.)

Nature of Income	Amount
TOTAL	

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.)

Disregarded Entity Name	TIN
XX	999999999
XX	999999999
XX	999999999
XX	999999999
XX	999999999
XX	999999999
XX	999999999
XX	999999999
XX	999999999
XX	999999999
XX	999999999

Third Party Designee To authorize another person to discuss this return with OTR, mark here X and enter the name and phone number of that person. See instructions. Designee's name XXXXXXXXXXXXXXXXXXXX Phone number 999999999

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.

PLEASE SIGN HERE

Officer's signature Title Date

9999999999

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 here X

Email Address

XX

Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX



Taxpayer Identification Number 999999999

Schedule I - BALANCE SHEETS (See Instructions.)

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. 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			
LIABILITIES AND CAPITAL	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)		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)
XXXXXXXXXXXXXXXXXX		999999999	999 %	999%	9999999	9999999	9999999	999999999
XXXXXXXXXXXXXXXXXX		999999999	999	999	9999999	9999999	9999999	999999999
XXXXXXXXXXXXXXXXXX		999999999	999	999	9999999	9999999	9999999	999999999
XXXXXXXXXXXXXXXXXX		999999999	999	999	9999999	9999999	9999999	999999999
XXXXXXXXXXXXXXXXXX		999999999	999	999	9999999	9999999	9999999	999999999
TOTAL								
Col. 4 - See Instructions.				Enter total taxable income as shown on Line 34 of D-30.				999999999
Col. 5 - See Instructions.				Net income of Unincorporated Business from both within and outside DC (from Line 25 of D-30)				999999999
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.								

Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Taxpayer Identification Number 999999999

SUPPLEMENTAL INFORMATION

1. During 2022 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, See instructions for address.
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 2022? 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 2022? 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 2021? 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. (a) Is this business unitary with a partnership or another corporation? Yes No If yes, explain:

(b) Is this business unitary with a combined group? Yes No If yes, explain:

16. Did you file an annual ballpark fee return? Yes No