

D-30 SUB Unincorporated Business Franchise Tax Return



Taxpayer Identification Number (TIN) Mark if: X FEIN 999999999 Mark if: X 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) XXXXXXXXXXXXXXXXXXXXXXXXXXXX 99999999

Business Mailing address line #1 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Business Mailing address line #2 XXXXXXXXXXXXXXXXXXXXXXXXXXXX

City State Zipcode +4 XXXXXXXXXXXXXXXXXXXX XX 999999999

Mark if: X Amended Return

Mark if: X Final Return

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

Designated Agent Name Designated Agent FEIN XXXXXXXXXXXXXXXXXXXX 999999999

Enter dollar amounts only. If amount is zero, leave line blank; if minus, enter amount.

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 X 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 X 8a 999999999999.00

(b) Ordinary gain (loss) from Part II, federal Form 4797 (attach copy) Mark if minus X 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 X 10 999999999999.00

11 Total gross income Add Lines 3 -10 Mark if minus X 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. Do not include any additional IRC 179 expenses or IRC 168(k) depreciation.) 21 999999999999.00

D-30 FORM, PAGE 2



Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

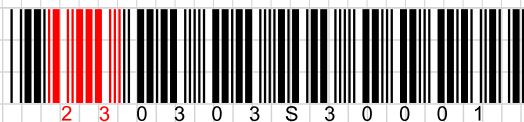
Taxpayer Identification Number 999999999

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. Line 1: Inventory at beginning of year. Line 2: Purchases. Line 3: Minus cost of items withdrawn for personal use. Line 4: Cost of Labor. Line 5: Material and supplies. Line 6: Other costs. Line 7: Total of lines 1 through 5. Line 8: Inventory at end of year. Line 9: Cost of goods sold. Line 10: Method of inventory valuation used.

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

Table with 10 rows for Schedule B. Each row contains description, amount (99999999), and another amount (99999999). Row 10 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 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 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 99999999

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.

Table with columns: Column 1 TOTAL, Column 2 in DC, DC Apportionment Factor. Row 1: 999999999.00, 999999999.00, 9.999999. Row 2: 2. DC APPORTIONMENT FACTOR: Column 2 divided by Column 1. Enter on D-30, Line 28.

Schedule G - Other allowable deductions

Table with columns: Nature of Deduction, Amount. Multiple rows of red X's followed by 999999999. TOTAL (Also enter on D-30, Line 23.) 999999999

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

Table with columns: Nature of Income, Amount. Multiple empty rows. 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.)

Table with columns: Disregarded Entity Name, TIN. Multiple rows of red X's followed by 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 Telephone number of person to contact 999999999

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 prepare 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

(A) Amount

(B) Total

(A) Amount

(B) Total

ASSETS

LIABILITIES AND CAPITAL

Table with 20 rows for assets and liabilities, including Cash, Trade notes, Inventories, Gov't obligations, etc.

Schedule J - DISTRIBUTION AND RECONCILIATION OF NET INCOME (OR LOSS)

Table with 8 columns: Name and Address of Owner(s)/ Member(s), Taxpayer Identification 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.

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)

Taxpayer Name: XXXXXXXXXXXXXXXXXXXXXXXXXXXX

Taxpayer Identification Number 999999999

SUPPLEMENTAL INFORMATION

1. During 2023 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 2023? 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 2023? 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 2022? 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