	Business Franchis	nincorporated		
			2 3 0	
axpayer Identification Number (TI	N) Mark if: X FEIN Mark if: X SSN	Number of business loc In DC 999 Outside		SOFTWARE DEVELOPER USE ONLY
gistered Business Name	Mark II: 21 SSIN	Tax period endir		
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXX	99999		
usiness Mailing address line #1				
XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX		
isiness Mailing address line #2	vvvvvvvvvvv	VV		
ty		State	Zipcode +4	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xxxxx	XX	999999	999
epartment of Licensing and consume	er Protection Registration Num	ber		
XXXXXXXXXXXXXXX				
or onincorporated B	usinesses maving	A Gross income	OI I WEIVE INO	usand Dollars (\$12,000) or Le
Do not file this affidavi	t if the taxnaver is an	unincorporated busi	ness that had gro	ss income of more than \$12,000
				corporated Business Franchise Tax
Return instead, even if th				
Do not file this affidavit	t if the taxpayer is an	unincorporated busi	ness that is requir	ed to file Form D-65, District of
Columbia Partnership F	Return of Income.			
). (The taxpayer must file Form
D-20, District of Columbia	a Corporation Franchis	e Tax Return regardles	s of the amount of	the business's gross income).
Do not file this affidavi	t if the taxpayer is a r	nember of a combin	ad group	
I hereby affirm and decl	are under the penalti	es of law that:		
I am the sole proprietor c	or general partner or p	principle officer of the		siness and have personal knowledge
I am the sole proprietor c	or general partner or p	principle officer of the		
I am the sole proprietor c it's operations, its source	or general partner or p as of income and book	principle officer of these states of the sta	e above filing peri	od.
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