



Important: Print in CAPITAL letters using black ink.

Taxpayer Identification Number Fill in if FEIN if SSN

Number of business locations In the District Outside the District

Business name Tax period ending (MM/YY)

Business Mailing Address line #1 Fill in if Amended Return

Business Mailing Address line #2 Fill in if Certified QHTC

City State Zip Code + 4 Fill in If Final Return

GROSS INCOME	1	Gross receipts, minus returns and allowances.	1	\$		00
	2	Cost of goods sold (from D-30, Schedule A) and/or operations.	2	\$		00
	3	Gross profit. <i>Line 1 minus Line 2.</i> Fill in if minus: <input type="radio"/>	3	\$		00
	4	Dividends. <i>Minus Subpart F income (Attach statement).</i>	4	\$		00
	5	Interest. <i>Attach statement showing calculations.</i>	5	\$		00
	6	Gross rental income <i>Attach statement.</i>	6	\$		00
	7	Gross royalties. <i>Attach statement.</i>	7	\$		00
	8(a)	Net capital gain. <i>Attach a copy of your federal Schedule D.</i>	8a	\$		00
		(b) Ordinary gain (loss) from Part II, fed. form 4797, <i>attach copy</i> Fill in if minus: <input type="radio"/>	8b	\$		00
	9	Other income. <i>Attach a detailed statement.</i> Fill in if minus: <input type="radio"/>	9	\$		00
	10 Total gross income. <i>Add Lines 3-9.</i> Fill in if minus: <input type="radio"/>	10	\$		00	
IF LINE 10 IS \$12,000 OR LESS, DO NOT FILE THIS RETURN.						
DEDUCTIONS	11	Salaries and wages <i>(Do not include owner(s)/member(s)).</i>	11	\$		00
	12	Repairs.	12	\$		00
	13	Bad debts. <i>Attach a copy of any statement filed with your federal return.</i>	13	\$		00
	14(a)	Royalty payments made <input type="text"/>				
		(b) Minus nondeductible payments to related entities <input type="text"/> = 14c	14c	\$		00
	15	Rent.	15	\$		00
	16	Taxes <i>from D-30, Schedule C.</i>	16	\$		00
	17(a)	Interest payments <input type="text"/>				
		(b) Minus nondeductible payments to related entities <input type="text"/> = 17c	17c	\$		00
	18	Contributions and/or gifts <i>from D-30, Schedule B.</i>	18	\$		00
	19	Amortization. <i>Attach a copy of your federal Form 4562, Part VI.</i>	19	\$		00
	20	Depreciation. <i>Attach a copy of your federal Form 4562. Do not include the additional federal bonus depreciation.</i>	20	\$		00
21	Other allowable deductions <i>from D-30, Schedule G.</i>	21	\$		00	
22	Total deductions. <i>Add Lines 11-21.</i>	22	\$		00	

Taxpayer Name: _____



FEIN or SSN: _____

		ENTER DOLLAR AMOUNTS ONLY																			
TAXABLE INCOME	23	Net income. <i>Line 10 minus Line 22.</i>	Fill in if minus:	<input type="radio"/>	23	\$														00	
	24	Net operating loss deduction <i>for years before 2000.</i>			24	\$														00	
	25	Net income after NOL deduction. <i>Line 23 minus Line 24.</i>	Fill in if minus:	<input type="radio"/>	25	\$														00	
	26	(a) Non-business income. <i>Attach an allocation statement.</i>	Fill in if minus:	<input type="radio"/>	26a	\$															00
		(b) Minus: Related expenses. <i>Attach an allocation statement.</i>			26b	\$															00
		(c) Subtract Line 26(b) from Line 26(a).	Fill in if minus:	<input type="radio"/>	26c	\$															00
	27	Net income from trade or business subject to apportionment. <i>Line 25 minus Line 26(c).</i>	Fill in if minus:	<input type="radio"/>	27	\$															00
	28	DC apportionment factor <i>from D-30, Schedule F, Col 3, Line 5.</i>			28																
	29	Net income from trade or business apportioned to DC. <i>Multiply Line 27 by the factor on Line 28.</i>	Fill in if minus:	<input type="radio"/>	29	\$															00
	30	Portion of Line 26(c) attributable to DC. <i>Attach statement.</i>	Fill in if minus:	<input type="radio"/>	30	\$															00
TAX, PAYMENTS AND CREDITS	31	Total District net income (loss). <i>Combine Lines 29 and 30.</i>	Fill in if minus:	<input type="radio"/>	31	\$														00	
	32	Salary for owner(s) / member(s) services from D-30, Schedule J, Column 4.			32	\$														00	
	33	Exemption. <i>Maximum is \$5000. Enter days in DC. → 33a</i> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <i>If fewer than 365 days in DC, see page 10 for amount to claim.</i>			33	\$														00	
	34	Total taxable income before apportioned NOL deduction <i>Line 31 minus total of Lines 32 and 33.</i>	Fill in if minus:	<input type="radio"/>	34	\$															00
	35	Apportioned NOL deduction. <i>Losses occurring for year 2000 and later.</i>			35	\$															00
	36	Total taxable income. <i>Line 34 minus Line 35.</i>	Fill in if minus:	<input type="radio"/>	36	\$															00
	37	Tax <i>9.975% of Line 36. If less than \$100 enter \$100.</i>			37	\$															00
	38	Minus nonrefundable credits from Schedule UB, Line 13.			38	\$															00
	39	Net tax (may not be less than \$100).			39	\$															00
	40	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.			40a	\$															00
		(b) 2009 estimated franchise tax payments.			40b	\$															00
	(c) Refundable credits from Schedule UB, Line 16.			40c	\$																00
	41	Add lines 40(a), (b) and (c).			41	\$															00
	42	Tax due. <i>If Line 39 amount is larger, subtract Line 41 from Line 39.</i>			42	\$															00
43	Overpayment. <i>If Line 41 amount is larger, subtract Line 39 from Line 41.</i>			43	\$															00	
44	Amount you want to apply to your 2010 estimated franchise tax.			44	\$															00	
45	Amount to be refunded. <i>Line 43 minus Line 44.</i> <i>Will this refund go to an account outside of the U.S.?</i> <input type="radio"/> <i>See p.7</i>			45	\$															00	

Payment due return – make payment payable to the DC Treasurer. Include your FEIN/SSN, D-30 and tax year on the payment and attach it to the D-2030P voucher. Mail return and payment to Office of Tax and Revenue, PO Box 7572, Washington, DC 20044-7572.

Refund or no payment due return – mail to Office of Tax and Revenue, PO Box 234, Washington, DC 20044-0234.

Your return is due by the 15th day of the fourth month following the close of your tax year. PO Box mail labels are provided with the return envelope.

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 FEIN, SSN or PTIN <input type="text" value=""/>			If you want to allow the preparer to discuss this return with the Office of Tax and Revenue fill in the oval. <input type="radio"/>								

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

1. Inventory at beginning of year (if different from last year's closing inventory, attach an explanation).		\$
2. Purchases	\$ _____	
Minus cost of items withdrawn for personal use	\$ _____	Enter result here →
3. Cost of Labor.		
4. Material and supplies.		
5. Other costs (attach statement) – (Additional 30% and 50% federal bonus depreciation and additional IRC §179 expenses are not allowed.)		
6. Total of lines 1 through 5.		\$
7. Inventory at end of year.		\$
8. Cost of goods sold (Line 6 minus Line 7). Enter here and on D-30, Line 2.		\$
Method of inventory valuation used _____		

Schedule B - CONTRIBUTIONS AND/OR GIFTS (See specific instructions for Line 18.)

	\$		\$
		TOTAL (Limited to 15% of net income – also enter on D-30, Line 18.)	\$

Schedule C - TAXES (See specific instructions for Line 16.)

Type of Tax	Amount	Type of Tax	Amount
	\$		\$
TOTAL			\$

* _____

Schedule E - INTEREST EXPENSE (See specific instructions for Line 17.)

Name and Address of Payee	Amount	Name and Address of Payee	Amount
	\$		\$
TOTAL			\$

* Schedule D has been deleted.



Schedule F - DC apportionment factor (See page 10 of the instructions.)

Round cents to the nearest dollar. If an amount is zero, leave the line blank.

1. **PROPERTY FACTOR:** Average value of real estate and tangible personal property owned or rented to and used by the unincorporated business.
2. **PAYROLL FACTOR:** Total compensation paid or accrued by the unincorporated business.
3. **SALES FACTOR:** All gross receipts of the unincorporated business other than gross receipts from items of non-business income.
4. **SUM OF FACTORS:** (Add Column 3.)

Column 1 TOTAL	Column 2 in DC	Column 3 Factor (Column 2 divided by Column 1)
\$.00	\$.00	.
\$.00	\$.00	.
\$.00	\$.00	.
		.
		.

5. **DC APPORTIONMENT FACTOR:** Line 4 divided by 3 if there are 3 denominators. If fewer than 3, divide Line 4 by that number. Enter on D-30, line 28.

Schedule G - Other allowable deductions

Nature of Deduction	Amount
	\$
TOTAL (Also enter on D-30, Line 21.)	\$

Schedule H - Income not reported (claimed as nontaxable)
(See page 11 of instructions.)

Nature of Income	Amount
	\$
TOTAL	\$

Schedule I - BALANCE SHEETS (See page 11 of Instructions.)

	BEGINNING OF TAX YEAR		END OF TAX YEAR	
	AMOUNT	TOTAL	AMOUNT	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.			
	8. Buildings and other fixed depreciable assets. (a) MINUS: Accumulated depreciation.			
	9. Depletable assets (a) MINUS: Accumulated depletion.			
	10. Land (net of any amortization).			
	11. Intangible assets (amortizable only). (a) MINUS: Accumulated amortization.			
	12. Other assets (attach statement).			
	13. TOTAL ASSETS.			
Liabilities - Capital	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.			
	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)	Social Security 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 (Add Cols. 4 thru 7)
		%	%	\$	\$	\$	\$	\$
TOTAL				\$	\$	\$	\$	\$
Col. 4 - See page 9 of Instructions.				Enter total taxable income as shown on Line 34 of D-30.				\$
Col. 5 - See page 10 of Instructions.				Net income of Unincorporated Business from both within and outside DC (from Line 25 of D-30)				\$
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.								

SUPPLEMENTAL INFORMATION

1. During 2009, 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, PO Box 7572, Washington, DC 20044-7572.

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 2009? 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 2009? 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 2008? 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. Is this business an adjunct of a corporation, or affiliated with any corporation? Yes No
 (If yes, explain affiliation to stockholders and proprietors.) _____

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. x 25% _____ \$ _____	\$ _____
Bone Marrow Donor(s)	Total Paid Leave Wages \$ _____	Col 2 _____ amt. x 25% _____ \$ _____	\$ _____
		Total of Col. 4. Enter here and on Schedule UB.*	

*Line 3 for D-20 filers
Line 10 for D-30 filers