Government of the
District of Columbia

2002 D-30 SUB Unincorporated Business Franchise Tax Return

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X MARK IF YOUR ADDRESS IS DIFFERENT THAN YOUR LAST RETURN

FEDERAL EMPLOYER I.D. NUMBER: XX-XXXXXXX

SSN (If self employed): XXX-XX-XXXX

TYPE OF BUSINESS: XXXXXXXXXXXXX

NAME OF BUSINESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

MAILING ADDRESS LINE #1: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

D.C. ADDRESS LINE #1: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

MAILING ADDRESS LINE #2: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

D.C. ADDRESS LINE #2: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CITY: XXXXXXXXXXXXXXXXXXXXXX STATE: XX ZIP + 4: XXXXX-XXXX

CITY: XXXXXXXXXXXXXXXXXXXXXX STATE: XX ZIP + 4: XXXXX-XXXX

Mark an "X" in the box if this is an Amended Return.

X AMENDED RETURN

NUMBER OF BUSINESS LOCATIONS In the District: XXX Outside the District: XXX

TAXABLE YEAR ENDING MM/DD/YY

X MARK IF YOU ARE A CERTIFIED QUALIFIED HIGH TECHNICAL COMPANY

1.	GROSS RECEIPTS, MINUS RETURNS AND ALLOWANCES		1	XXXXXXXXXXX.00
2.	COST OF GOODS SOLD (from Schedule A) AND/OR OPERATIONS (Attach statement)		2	XXXXXXXXXXX.00
3.	GROSS PROFIT (Line 1 minus Line 2)	Fill in if minus X	3	XXXXXXXXXXX.00
4.	DIVIDENDS (Attach statement): Minus Subpart F income (See instructions)		4	XXXXXXXXXXX.00
5.	INTEREST (Attach statement)		5	XXXXXXXXXXX.00
6.	GROSS RENTAL INCOME (from Schedule D)	Fill in if minus X	6	XXXXXXXXXXX.00
7.	ROYALTIES (Attach statement)		7	XXXXXXXXXXX.00
8.	(a) NET CAPITAL GAIN OR LOSS(Attach copy of your Federal Schedule D)	Fill in if minus X	8a	XXXXXXXXXXX.00
	(b) ORDINARY GAIN (LOSS) FROM PART II, FEDERAL FORM 4797 (Attach copy of your Form 4797)	Fill in if minus X	8b	XXXXXXXXXXX.00
9.	OTHER INCOME (Attach statement)		9	XXXXXXXXXXX.00
10.	TOTAL GROSS INCOME (Add Lines 3 through 9)	Fill in if minus X	10	XXXXXXXXXXX.00
11.	SALARIES AND WAGES (do not include owner's)		11	XXXXXXXXXXX.00
12.	REPAIRS		12	XXXXXXXXXXX.00
13.	BAD DEBTS (Attach copy of any statement filed with federal return)		13	XXXXXXXXXXX.00
14.	RENTAL EXPENSES RELATED TO RENTAL INCOME		14	XXXXXXXXXXX.00
15.	RENT		15	XXXXXXXXXXX.00
16.	TAXES (from Schedule C)		16	XXXXXXXXXXX.00
17.	INTEREST EXPENSE (from Schedule E)		17	XXXXXXXXXXX.00
18.	CONTRIBUTIONS OR GIFTS (from Schedule B)		18	XXXXXXXXXXX.00
19.	AMORTIZATION (Attach copy of your Federal Form 4562 Part VI. See instructions.)		19	XXXXXXXXXXX.00
20.	DEPRECIATION (Attach copy of your Federal Form 4562. Do not include the Federal 30% amount. See instructions)		20	XXXXXXXXXXX.00
21.	OTHER ALLOWABLE DEDUCTIONS (from Schedule G)		21	XXXXXXXXXXX.00
22.	TOTAL DEDUCTIONS - (Add Lines 11 through 21)		22	XXXXXXXXXXX.00

TAXPAYER NAME: XXXXXXXXXXXXXXXXXXXXXXXXXX

FEIN: XX-XXXXXXX

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23.	NET INCOME (Line 10 minus Line 22)	Fill in if minus X	23	XXXXXXXXXXXX.00
24.	NET OPERATING LOSS DEDUCTION		24	XXXXXXXXXXXX.00
25.	NET INCOME AFTER NOL DEDUCTION (Line 23 minus Line 24)	Fill in if minus X	25	XXXXXXXXXXXX.00
26.	(a) NON-BUSINESS INCOME (Attach statement)		26a	XXXXXXXXXXXX.00
	(b) MINUS: RELATED EXPENSE (Attach statement)		26b	XXXXXXXXXXXX.00
	(c) SUBTRACT 26(b) FROM 26(a) (see instructions)	Fill in if minus X	26c	XXXXXXXXXXXX.00
27.	NET INCOME SUBJECT TO APPORTIONMENT (Line 25 minus 26(c))	Fill in if minus X	27	XXXXXXXXXXXX.00
28.	D.C. APPORTIONMENT FACTOR (from Line 5 column 3, Schedule F)		28	X.XXXXXX
29.	NET INCOME FROM TRADE OR BUSINESS APPORTIONED TO THE DISTRICT (Line 27 multiplied by Line 28)	Fill in if minus X	29	XXXXXXXXXXXX.00
30.	ADD PORTION OF LINE 26(c) ATTRIBUTABLE TO D.C. (Attach statement)	Fill in if minus X	30	XXXXXXXXXXXX.00
31.	TOTAL DISTRICT NET INCOME (OR LOSS)(Line 29 plus Line 30)	Fill in if minus X	31	XXXXXXXXXXXX.00
32.	MINUS: SALARY FOR TAXPAYER(S) SERVICES (from Schedule J, Column 4)		32	XXXXXXXXXXXX.00
33.	EXEMPTION (if part year return, enter number of days in D.C. -_____)		33	XXXXXXXXXXXX.00
34.	TOTAL TAXABLE INCOME (Before Apportioned NOL Deduction) (Line 31 minus Lines 32 and 33)	Fill in if minus X	34	XXXXXXXXXXXX.00
35.	APPORTIONED NOL DEDUCTION		35	XXXXXXXXXXXX.00
36.	TOTAL TAXABLE INCOME (Line 34 plus or minus Line 35)	Fill in if minus X	36	XXXXXXXXXXXX.00
37.	**TAX** (9.975% of Line 36). If less than $100, enter $100		37	XXXXXXXXXXXX.00
38.	MINUS: (a) TAX PAID, IF ANY, WITH REQUEST FOR EXTENSION OF TIME TO FILE		38a	XXXXXXXXXXXX.00
	(b) 2002 ESTIMATED TAX PAYMENTS		38b	XXXXXXXXXXXX.00
	(c) ECONOMIC DEVELOPMENT ZONE INCENTIVES CREDIT (from worksheet)		38c	XXXXXXXXXXXX.00
39.	TOTAL OF LINES 38(a), (b), and (c)		39	XXXXXXXXXXXX.00
40.	BALANCE DUE (Line 37 minus Line 39, if Line 37 is the larger)		40	XXXXXXXXXXXX.00
41.	PENALTY XXXXXXXXXXXX.00 INTEREST XXXXXXXXXXXX.00			
	TOTAL PENALTY AND INTEREST		41	XXXXXXXXXXXX.00
42.	TOTAL UNPAID BALANCE, PLUS PENALTY AND INTEREST (Add Lines 40 and 41)		42	XXXXXXXXXXXX.00
43.	OVERPAYMENT (Line 39 minus Line 37 if Line 39 is the larger)		43	XXXXXXXXXXXX.00
44.	(a) CREDIT TO 2003 ESTIMATED TAX		44a	XXXXXXXXXXXX.00
44.	(b) AMOUNT TO BE REFUNDED (Line 43 minus Line 44a)		44b	XXXXXXXXXXXX.00

Under penalties of law, I declare that this return, to the best of my knowledge, is correct. Declaration of paid preparer is based on all the information available to the preparer.

XXX-XXX-XXXX

Telephone Number of Person to Contact

PLEASE SIGN HERE

OFFICER'S SIGNATURE TITLE DATE

XXXXXXXXX

Preparer's FEIN, SSN or PTIN

PAID PREPARER ONLY

PREPARER'S SIGNATURE (If other than taxpayer) DATE FIRM NAME FIRM ADDRESS

Mail return and payment to: DC, Office of Tax and Revenue, Ben Franklin Station, P.O. Box 610, Washington, D.C. 20044-0610, on or before the 15th day of the fourth month following the close of the taxable year. Make check or money order payable to the D.C. Treasurer. Include your FEIN or SSN, "D-30" and tax year on your payment.

Rev. 10/02