

TAXPAYER NAME : _____

FEDERAL EMPLOYER I.D. NUMBER/SSN : _____



00030002000

TAXABLE INCOME

TAX

		DOLLARS			CENTS
23. NET INCOME (Line 10 minus Line 22).....	\$				
24. (a) NON-BUSINESS INCOME (Attach statement).....	\$				
(b) MINUS: RELATED EXPENSE (Attach statement).....	\$				
(c) SUBTRACT 24(b) FROM 24(a) (see instructions).....	\$				
25. NET INCOME FROM TRADE OR BUSINESS SUBJECT TO APPORTIONMENT (Line 23 minus 24(c)).....	\$				
26. D.C. APPORTIONMENT FACTOR (from Line 5, Schedule F. If none, enter "0").....					
27. NET INCOME FROM TRADE OR BUSINESS APPORTIONED TO THE DISTRICT (Multiply Line 25 by Line 26).....	\$				
28. ADD PORTION OF LINE 24(c) ATTRIBUTABLE TO D.C. (Attach statement)....	\$				
29. TOTAL DISTRICT NET INCOME (OR LOSS).....	\$				
30. MINUS: SALARY FOR TAXPAYER(S) SERVICES (from Schedule J, Column 4).....	\$				
31. EXEMPTION (if part year return, enter number of days in D.C. - _____).....	\$				
32. TOTAL TAXABLE INCOME.....	\$				
33. TAX (9.975% of Line 32). If tax due is less than \$100, enter \$100.....	\$				
34. MINUS: (a) TAX PAID, IF ANY, WITH REQUEST FOR EXTENSION OF TIME TO FILE.....	\$				
(b) 2000 ESTIMATED TAX PAYMENTS.....	\$				
(c) ECONOMIC DEVELOPMENT ZONE INCENTIVES CREDIT (from worksheet).....	\$				
35. TOTAL OF LINES 34(a), 34(b), and 34(c).....	\$				
36. BALANCE DUE (Line 33 minus Line 35).....	\$				
37. PENALTY \$ _____ INTEREST \$ _____ TOTAL PENALTY AND INTEREST.....	\$				
38. TOTAL UNPAID BALANCE, PLUS PENALTY AND INTEREST. (Add Lines 36 and 37).....	\$				
39. OVERPAYMENT (Line 35 minus Line 33).....	\$				
40. (a) CREDIT TO 2001 ESTIMATED TAX.....	\$				
(b) AMOUNT TO BE REFUNDED - Line 39 minus Line 40a.....	\$				

PLEASE SIGN HERE

Under penalties of law, including criminal penalties for false statements and tax preparer penalties under D.C. Code secs. 22-2514 and 47-161, et seq., I declare that I have examined this return and, to the best of my knowledge and belief, it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information available to the preparer.

TAXPAYER'S SIGNATURE _____ DATE _____

Telephone Number of Person to Contact

_____-_____-_____

PAID PREPARER ONLY

PREPARER'S SIGNATURE (if other than taxpayer) _____ DATE _____

Preparer's SSN or PTIN

_____-_____-_____

FIRM NAME _____

Preparer's Federal Employer I.D. Number

_____-_____-_____

FIRM ADDRESS _____

Mail return and payment to: D.C. Government, 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 Federal Employer ID Number/SSN, "D-30" and tax year on your payment.



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

Table with 4 columns: Name and Address of Payee, Amount, Name and Address of Payee, Amount. Includes a TOTAL line at the bottom.

Schedule F - D.C. APPORTIONMENT FACTOR (See Specific Instructions - Carry all factors to six decimal places)

Table with 3 columns: Col. 1 TOTAL, Col. 2 IN D.C., Col. 3 FACTOR (Column 2 divided by Column 1). Rows include PROPERTY FACTOR, PAYROLL FACTOR, SALES FACTOR, SUM OF FACTORS, and D.C. APPORTIONMENT FACTOR.

Schedule G- OTHER ALLOWABLE DEDUCTIONS (See specific instruction for Line 21)

Table with 2 columns: Nature of Deduction, Amount. Includes a TOTAL line at the bottom.

Schedule H - INCOME NOT REPORTED (Claimed as Nontaxable) (See Instructions on page 6)

Table with 2 columns: Nature of Income, Amount. Includes a TOTAL line at the bottom.

Schedule I - BALANCE SHEET (See page 6 of Instructions)

Large table with 5 columns: ASSETS, Liabilities - Capital, BEGINNING OF TAX YEAR (AMOUNT, TOTAL), END OF TAX YEAR (AMOUNT, TOTAL). Rows include Cash, Trade notes, Inventories, Gov't obligations, Other current assets, Mortgage and real estate loans, Other investments, Buildings and other fixed depreciable assets, Depletable assets, Land, Intangible assets, Other assets, TOTAL ASSETS, Accounts payable, Mortgages, Other current liabilities, Mortgages, Other liabilities, Capital, and TOTAL LIABILITIES AND CAPITAL.



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

Table with 8 columns: Col. 1 Name and Address of Owner(s), Col. 2 Social Security Number, Col. 3 Percentage of Time Devoted to this Business, Col. 4 Salary Claimed, Col. 5 Exemption Claimed, Col. 6 Net Loss D.C. Sources, Col. 7 Net Income (or Loss) from Outside D.C., Col. 8 Total Income (or Loss) Not Taxable to the Unincorporated Business. Includes a TOTAL row and summary rows for instructions.

SUPPLEMENTAL INFORMATION (See page 6 of instructions)

Supplemental information questions 1-16 regarding business activity, date, termination, ownership, and tax filing details.