	* *	Government of the District of Columbia		oratio chise	on Tax	k Retu	rn		2 4							
	Toyr	aver Identification Number (TIN)	Num	oor of bu	sinoss	locations		Tax p	period e	endir	ng (MMDDY	YYY)	1 0	OFFIC	IAL USE O	NLY
	Tax	oayer Identification Number (TIN)	n DC:					1							r ID# 0	
	Nam	e of corporation		Out	side D	0:			Fi	ll in (if Amer	ded Retur	rn Fill in		ombined Rep	
									Fi	ll in (🔵 if Final	Return		info b	elow	Designated Agent
	Busin	ess mailing address #1							Fi	ll in 🤇	if 52-5	3 week file	er Fill in			ust be filed with
													Fill in		ertified QHTC	
	Busi	ness mailing address #2											Fill in			in DC Ballpark
														TIF A	irea	
	City							S	itate		Zip Code -	+ 4				
	Desig	gnated Agent Name									Designate	1 Agent ⁻	TIN			
	2 00.2										Doorginato	Jugoni				
	• RE	AD INSTRUCTIONS BEFORE PREPARING	RFTLIRN . (To all	ocato non	businos	s Itoms so	o instruc	tions)						nounts onl		
	1	Gross receipts, minus returns and		Juale non-	-Dusines	55 1101115, 50	e mstruc	10115)	1	11 \$	amount is zero	, leave lin	e blank; if i	minus, ente	r amount and	t fill in oval.
INCOME	2	Cost of goods sold (from D-20 Sc		/or ope	eratio	ns			2							00
	3	(attach statement) Gross profit from sales and/or ope	erations			Fill in if r	minus:		3							00
	Line 1 minus Line 2								00							
	4	Dividends from Form D-20, Schedule	e B						4							.00
GROSS	5 Interest (attach statement)						5							00		
G	6 Gross rental income from D-20, Schedule I, Column 3, Line 6						6							00		
	7	Gross royalties (attach statement)							7							00
) Net capital gain (loss) (attach a cop) Ordinary gain (loss) from Part II, fed				Fill in if r			8(a) 8(b)							00
	9	Capital gains deferred on federal Qualified Opportunity Fund							9							00
	10	Other income (loss) (attach staten	ient)			Fill in if r	minus:		10							00
	11	Total gross income. Add Lines 3-1	0.			Fill in if r	minus:		11							00
	12	Compensation of officers from Form	n D-20, Schedu	le C					12							00
	13	Salaries and wages							13							00
	14	Repairs							14							00
S	15	Bad debts							15							00
NOI-	16	Rent							16							00
UCT	17	Taxes from Form D-20, Schedule D							17							00
DEDUCTIONS	18(;	a) Interest payments		\$				00								
		 D) Minus nondeductible payments to i 	elated entities					00 =	= 18c							00
	19	Contributions and/or gifts (attach	statement)						19							00
	20	Amortization (attach a copy of your	federal Form 4	562)					20							00
	21	Depreciation (attach a copy of your any additional IRC 179 expenses or I				include			21							.00
	22	Depletion (attach statement)							22							00
	2 3a) Enter royalty payments made		\$				00								
	(o) Minus nondeductible payments to i	elated entities	\$				00 =	= 23c	\$						00

D-20	FORM,	PAGE 2
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Taxpayer	Name:	

Taxpayer Identification Number:



S					ENTER DO	LLAR AMOUNTS ONLY	
NOI	24	Pension, profit-sharing plans		24	\$		00
DEDUCTIONS		Capital gains deferred due to DC approved investment Opportunity Fund	in a DC Qualified	25	\$		00
B	26	Other deductions (attach statement)		26	\$		00
2	27	Total deductions. Add lines 12-26.		27	\$		00
2	28	Net income Line 11 minus Line 27.	Fill in if minus:	28	\$		00
2	29	(a) Non-business income/state adjustment (attach statement)	Fill in if minus:	29a	\$		00
		(b) Expense related to non-business income (attach stateme	nt)	29b	\$		00
		(c) 29(a) minus 29(b)	Fill in if minus:	29c			00
		Net income subject to apportionment Line 28 minus Line 29(c)	Fill in if minus:	30	\$		00
3		DC apportionment factor from Form D-20, Schedule F, Col. 3, Li If Combined Report, from Combined Reporting Schedule 2A, Col. 3, Lir		31			
~~~		Net income from trade or business apportioned to DC Line 30 amount multiplied by Line 31 factor.	Fill in if minus:	32	\$		00
3		Other income/deductions attributable to DC (attach statement - see instructions)	Fill in if minus:	33	\$		.00
3		Total taxable income before apportioned NOL deduction Line 32 plus or minus Line 33.	Fill in if minus:	34	\$		.00
		Apportioned NOL deduction (Losses occurring in year 2000 an *(Losses occurring in tax year 2018 or later are limited to 80%. See in		35	\$		.00
3	36 ⁻	Total DC taxable income. Line 34 minus Line 35.	Fill in if minus:	36	\$		00
	37	Tax: 8.25% of Line 36.		37	\$		00
	38	Minus nonrefundable credits from Schedule UB, Line 9		38	\$		00
		Total DC gross receipts from Line '4' MTLGR Worksheet	\$			00	
		Net tax. Line 37 minus Line 38. The minimum tax is \$250 if D(	C gross receipts				00
		are \$1M or less or \$1,000 if DC gross receipts are greater than \$ Payments and refundable credits:	1M.	40	Э		00
-		(a) Tax paid, if any, with request for an extension of time	e to file	41a	ı\$		00
		(b) Tax paid, if any, with original return if this is an ame	nded return	41b			00
		(c) 2024 estimated franchise tax payments		41c			00
		(d) Refundable credits from Schedule UB, Line 12		41d			00
		If this is an amended 2024 return, enter refund requested			ф		.00
		Fotal payments and credits. Add Lines 41(a) through 41(d). Do n Estimated tax interest (Fill in oval if D-2220 attached)	ot include Line 42.	43 44	φ		00
		Total Amount Due. If Line 43 is smaller than the total of Lines 40 a	and 44, enter amount due.				00
		Will this payment come from an account outside of the U.S.? Yes	No See instructions.		Ф		
		Overpayment. If Line 43 is larger than the total of Lines 40 and 44			\$	+	.00
		Amount you want to apply to your 2025 estimated fram	chise tax.	47	\$		.00
_		Amount to be refunded. Line 46 minus Line 47. party designee <i>To authorize another person to discuss this return with</i>	OTP fill in horo	48	>	umber of that person. See instr	00
		nee's name		u ente	Phone number	uniber of that person. See histi	uctions.
	EASE	Under penalties of law, I declare that I have examined this return and, to the best	of my knowledge, it is correct	t. Decla		ed on the information available to the	e preparer.
	GN ERE						
		Officer's signature Title	Di	ate		Felephone number of person to conta	ct
	AID						
	PARER NLY	Preparer's signature (if other than taxpayer) Date		name		Firm address	
F	mail /	Preparer's PTIN			Int to allow the preparer to dis d Revenue fill in the oval.	cuss this return with the Office	
	mull /	1441055					

Taxpayer Name:

Taxpayer Identification Number:



Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)			Schedule B - Dividends (See specific instructions for Line 4.)					
1. Inventory at beginning of year	\$			NAME AND ADDR	ESS OF DECLARING C	ORPORATION	AMOUNT	
<ol> <li>Merchandise bought for manufacture or sale</li> </ol>							\$	
3. Salaries and wages								
<ol> <li>Other costs per books (attach statement)</li></ol>								
expenses are not allowable.) 5. Total	\$							
6. Minus: Inventory at end of tax year								
7. Cost of goods sold (Enter here and on D-20 Line 2.)	\$							
Method of inventory valuation:	14							
			Total	Dividends				
			Minus	deduction for Su	opart F Income.		\$	
				s deduction for div y-owned subsidary		rom		
			ΤΟΤΑ	L (Enter here and	on D-20, Line 4.	)	\$	
Schedule C - Compensation of officers (See spec	cific instruction	s for Lir	ne 12. I	f more than 3 offi	cers attach additi	onal sheets as need	led.)	
Col. 1	Col. 2		I. 3 of Time	Percent of ( Stock (		Col. 6		ol. 7
Name and Address of Officer	Official Title	Devo	ted to	Col. 4	Col.5	Amount of	Acc	pense count
		Bus	iness	Common	Preferred	Compensation	Allov	wances
			%	%	%	\$	\$	
							+	
			%	%	%			
			0/	0/	0/			
			%	%	%			
TOTAL COMPENSATION OF OFFICERS (Enter here a	nd on D-20, Li	ne 12.)				\$		
Schedule D - Taxes (See specific instructions for	r Line 17.)							
EXPLANATION		OUNT			EXPLANATION		AMOUN	١T
	\$						\$	
							-	
			Т	OTAL (Enter here	and on D-20, Lin	e 17.)	\$	
Schedule E - Reconciliation of the net income r		ederal	and D	C returns				
1. Taxable income before net operating loss deduction and sp deductions (page 1 of your Federal corporate return).	s		7.1	otal DC taxable in	come reported (fr	om D-20, Line 36.	\$	
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME								
2. Income taxes (see specific instructions for Line 17).			NO	N-TAXABLE INCO	ME AND ADDITIC	NAL DEDUCTION	3	
3. DC income taxes and franchise taxes imposed by DC Reve Act of 1947, as amended.	enue		8. 1	Net income apport	ioned or allocated	I to outside DC.		
<ol> <li>Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.</li> </ol>				Other non-taxable ncluding NOL (iter		ional deductions		
<ol> <li>Other unallowable deductions and additional income (item include additional federal depreciation and additional</li> </ol>	ize,			a)				
IRC § 179 expenses). (a)			(	b)				
(b)								
6. TOTAL of Lines 1–5.	\$		10	. TOTAL of Lines 7	', 8 and 9.		\$	
	1							

Taxpayer Name:

Taxpayer Identification Number:



Schedule F - DC apportionment factor (See instructions) No Leave Schedule F blank. Use Combined Reporting Schedule 2A, Li		lo not use Schedule F to derive the a	pportionn	nent factor for the group.
Round cents to the nearest dollar.	cate.			
For all businesses other than financial institutions: 1. <b>SALES FACTOR:</b> All gross receipts of the business other	Column 1: TOTAL	Column 2: in DC		Column 3: Factor (Column 2 divided by Column 1)
than gross receipts from non-business income.	\$	.00 \$	.00	•
For Financial Institutions:				
2. <b>SALES FACTOR:</b> All gross income of the financial institution other than gross income from non-business income.	\$	.00 \$	.00	
3. <b>PAYROLL FACTOR:</b> Total compensation paid or accrued by the financial institution.	\$	.00 \$	.00	
4. SUM OF FACTORS: (For Financial Institutions add Lines 2 and 3	of Column 3)			
5. DC APPORTIONMENT FACTOR: For businesses other than f	inancial institutions enter the nun	nber from Line 1, Column 3. Enter on	D-20,	

5. DC APPORTIONMENT FACTOR: For businesses other than financial institutions enter the number from Line 1, Column 3. Enter on D-20, Line 31. For financial institutions divide Line 4, Column 3 by 2. Enter on D-20, Line 31.

Schedule G - Balance Sheets			Beginning of	Taxable Year	End of Taxable Year		
		(A)	Amount	(B) Total	(A) Amount	(B) Total	
	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						
S	5. Other current assets (attach statement)						
SET	6. Loans to stockholders						
S	7. Mortgage and real estate loans						
4	8. Other investments (attach statement)						
	9. Buildings and other fixed depreciable assets						
	(a) MINUS: Accumulated depreciation						
	10. Depletable assets						
	(a) MINUS: Accumulated depletion						
	11. Land (net of any amortization)						
	12. Intangible assets (amortizable only)						
	(a) MINUS: Accumulated amortization						
	13. Other assets (attach statement)						
	14. TOTAL ASSETS						
	15. Accounts payable						
Å	16. Mortgages, notes, bonds payable in less than 1 year.						
ITA	17. Other current liabilities (attach statement)						
CAPI	18. Loans from stockholders						
S	19. Mortgages, notes, bonds payable in 1 year or more						
ð	20. Other liabilities (attach statement)						
AN	21. Capital stock: (a) Preferred stock						
S	(b) Common stock						
BILITIES	22. Paid-in or capital surplus (attach statement)						
Ξ	23. Retained earnings - Appropriated (attach statement)						
	24. Retained earnings - Unappropriated						
LIA	25. MINUS: Cost of treasury stock			( )		( )	
	26. TOTAL LIABILITIES AND CAPITAL						

D-20 FORM, PAGE 5

Taxpayer Name:

Taxpayer Identification Number:



Schedule H-1 – Reconciliation of Income (Los	ss) per Books With Inc	ome (Loss) per Return	
<ol> <li>Net income per books.</li> <li>Federal income tax.</li> <li>Excess of capital losses over capital gains.</li> <li>Taxable income not recorded on books this year (itemize)</li> </ol>	\$	7. Income recorded on books this year and not included in this return (itemize). Tax-exempt interest \$	\$
<ul> <li>5. Expenses recorded on books this year and not deducted on this return (itemize).</li> <li>(a) Depreciation \$</li></ul>		8. Deductions on this tax return and not charged against book income this year (itemize).         (a) Depreciation\$         (b) Depletion\$         9. TOTAL of Lines 7 and 8         10. Taxable Income (federal Form 1120, page 1, line 28	\$
6. TOTAL of Lines 1 through 5	\$	should equal Line 6 minus Line 9 of this Schedule.)	\$
Schedule H-2 – Analysis of Unappropriated R	etained Earnings per E	Books	
1. Balance at beginning of year         2. Net income per books	\$	5. Distributions: (a) Cash (b) Stock (c) Property	
3. Other increases (itemize)			

3. Other increases (itemize)		6. Other decreases (itemize).	
	-	7. TOTAL of Lines 5 and 6	\$
4. TOTAL of Lines 1, 2 and 3.	\$	8. Balance at end of year (Line 4 minus Line 7)	\$

#### Schedule I – Income from Rent

Col. 1: Address of Property	Col. 2: Kind of Property	Col. 3: Gross Amount of Rent	Col. 4: Depreciation* or Amortization (Per Federal Form 4562)	Col. 5: Repairs Explain in Sch. I-1	Col. 6: Taxes, Interest and other Expenses* (Explain in Sch. I-1)
1		\$	\$	\$	\$
2					
3					
4					
5					
6. TOTAL (Enter the total of Column	3 on D-20, Line 6.	\$	\$	\$	\$

Enter total of Column 4, 5, and 6 on appropriate deduction lines.)

*excludes federal depreciation and additional IRC §179 expenses.

Schedule I-1 – Explanation of deductions claimed in Columns 5 and 6 of Schedule I.

Column No.	Explanation	Amount	Column No.	Explanation	Amount
		\$			\$

Taxpayer Name:

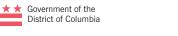
*



Taxpayer Identification Number:

Schedule K- Disregarded Entities (Name and TIN for purposes, whose income is included in the income rep	any single member limited lia ported on this return, and whi	ability company that is treated as a ch is doing business in the Distric	a disregarded entity for District franchise tax t). (See instructions.)
Disregarded Entity Name			TIN
Supplemental Information			
1. STATE OR COUNTRY OF INCORPORATION	2.(a) DATE OF INCORPORATION	2.(b) DATE BUSINESS BEGAN IN DC	3. IRS SERVICE CENTER WHERE FEDERAL RETURN WAS FILED FOR PERIOD COVERED BY THIS RETURN:
4. THE CORPORATION'S BOOKS ARE IN THE CARE OF –		5. LOCATED AT -	
6. During 2024, has the Internal Revenue Service adjustments to your federal income tax return, returns with the IRS? YES NO		If you have already pro a detailed statement, e	
If "YES," please submit separately a detailed sta submitted, to the address shown in the instruct		it was sent.	MM/DD/YYYY
7. Is this corporation unitary with another entity?	YES	NO If yes, explain:	
8. Is this return made on the accrual basis?	YES (	NO If no, indicate basis u	used: Cash Basis Other (specify)
9. Did you file a franchise tax return with DC for the year 2023?	YES (	NO If no, state reason	
10. Did you withhold DC income tax from wages pair DC resident employees during 2024?	d to your YES	NO If no, state reason:	
11. Did you file annual information returns, federal f and 1099, relating to payment of dividends and 2024?		NO	
12. (a) Has the business been terminated?	YES (	NO If yes, explain and gi	ve date:
(b) Have you moved out of DC?	◯ YES	NO	
13. Did you file an annual ballpark fee return?	YES (	NO	

*Schedule J has been deleted.



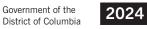
## Worldwide Combined Reporting Election Form



Taxpayer Identification Number of Designated Agent	Taxable Year YYYY	O Worldwide
Name of Designated Agent		Telephone number
Business address line #1		
Business address line #2		
City	State	Zip code +4
<ul> <li>In accordance with the provisions of DC Official Code hereby made to report on a worldwide unitary combin</li> </ul>	§ 47-1810.07 and t led basis.	the combined reporting regulations, election is
• A worldwide unitary combined reporting election is be thereafter for a period of ten years.	inding for and applic	cable to the tax year it is made and all years
<ul> <li>It may be withdrawn or reinstituted after withdrawal, request for reasonable cause based on extraordinary policy and only with the written permission from the</li> </ul>	hardship due to unfo	preseen changes in DC tax statutes, law or
• Upon the expiration of the ten-year period, a taxpaye election.	r may withdraw from	n the worldwide unitary combined reporting
• Withdrawal must be made in writing within one year years, subject to the same conditions as applied to the		the election and is binding for a period of ten
Date Beginning Tax Period: MMDDYYYY	Date End	ding Tax Period: MMDDYYYY
Authorized Signature		
Printed Name	Date	

Under penalties of law, I declare that the designated agent has authorized me to sign on behalf of all members of the combined group, and that I have examined this form and the information contained herein is, to the best of my knowledge and belief, correct and complete.





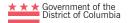
## Combined Group Members' Schedule NOTE: READ INSTRUCTIONS BEFORE Important: Print in CAPITAL letters using black ink.

COMPLETING THIS FORM



				O Worldwide	9
Taxpayer Identification Number of	Designated Agent	Taxable year ending N	MDDYYYY N	umber of members in	the combined group
Name of Designated Agent			Т	elephone number	
Business mailing address line #1					
Business mailing address line #2					
City			State Zip Coo	de + 4	
<b>A</b> List the designated agent and all combined members	<b>B</b> Taxpayer Identification Number	<b>C</b> Was a separate DC franchise tax return filed in the prior year?	D Is the member new to the combined group?	<b>E</b> Was gross income received from District sources?	<b>F</b> Does the member have nexus in DC?
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes
		Yes	Yes	Yes	Yes

Note: If more than 14 combined members, continue list on a separate sheet of paper.







Vendor ID# 0002

Important: Print in CAPITAL letters using black ink. Attach to your Form D-20 or D-30.

Taxpayer Identification NumberFill inif FEINFill inif filing a D-20 ReturFill inFill inif SSNFill inif filing a D-30 ReturEnter your business nameFill inFill inFill inFill in	
D-20 Return	
<b>Nonrefundable Credits</b> (Nonrefundable Credits may not be applied against the required minimum ta 1 Economic Development Zone Incentives Credits (see worksheet).	x) 1 \$ 00
<ul> <li>Qualified High Technology Company Credits <i>from Part D, Line 4a, DC Form D-20CR.</i></li> <li>Organ and Bone Marrow Donor Credit (see <i>computation on reverse side</i>).</li> <li>Job Growth Incentive Act</li> </ul>	2 S 00 3 S 00 4 S 00
5 Enter alternative fuel credits. See instructions 5a Alternative fuel infrastructure. \$ 00 # of stations	
5b Alternative fuel vehicle conversion.	
<i># of vehicles</i> Add Lines 5a and 5b only and enter here.	5 \$ .00
6 DHCD Rental Accommodations Division Housing Provider Credit (see instructions)	6 \$ 00
7 Employer-assisted Home Purchase Tax Credit (see computation on reverse side). 7a	7 \$00
8 DC Low-Income Housing Tax Credit (see <i>instructions</i> ). # of <i>employees</i>	8 5
9 Total the nonrefundable D-20 credits (Lines 1-8), enter here and on Form D-20, Line 38.	9 \$ 00
Refundable Credits	
10 RESERVED	10 \$ 00
11 Small Retailer Property Tax Relief Credit	11 \$00
12 Total the refundable D-20 credits, enter here and on Form D-20, Line 41(d).	12 \$00
D-30 Return	
Nonrefundable Credits (Nonrefundable Credits may not be applied against the required minimum ta	
13 Economic Development Zone Incentives Credit (see worksheet).	13 \$ .00
14 Organ and Bone Marrow Donor Credit (see computation on reverse side)	14 00
15 Job Growth Incentive Act	15 \$ 00
16       Enter alternative fuel credits. See instructions         16a       Alternative fuel infrastructure.         # of stations	
16b Alternative fuel vehicle conversion. # of vehicles	
Add Lines 16a and 16b only and enter here.	16 \$00
17 DHCD Rental Accommodations Division Housing Provider Credit (see instructions)	17 \$ .00
18 Employer-assisted Home Purchase Tax Credit (see <i>computation on reverse side</i> ). 18a 19 DC Law Jacome Housing Tax Credit (see <i>instructions</i> ) # of <i>employees</i>	18 \$ .00
19 DC Low-Income Housing Tax Credit (see Instructions).	19 \$00
20 Total the nonrefundable D-30 credits (Lines 13-19), enter here and on Form D-30, Line 38.	20 \$ .00
Refundable Credits 21 Small Retailer Property Tax Relief Credit	21 \$ .00
22 Total the refundable D-30 credits, enter here and on Form D-30, Line 41(d).	22 \$

Revised 08/2024

#### Schedule UB Instructions - Qualified High Technology Companies

If you claim credits on Line 2 above, attach a copy of your DC Form D-20CR to the D-20.

#### Organ and Bone Marrow Donor Credit

An employer who provides an employee with paid leave to donate an organ (up to 30 days leave) or to donate bone marrow (up to 7 days leave) is eligible to claim a credit against the franchise tax. The credit is equal to 25% of the salary paid to the employee during the leave period. If you take the credit, you may not also take a deduction for the salary paid to the donor employee for that period. This credit is not available if the employee is eligible for leave under the Family and Medical Leave Act of 1993.

	Organ and Pan	a Marrow Danar Cradit	
	-	e Marrow Donor Credit	
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. × 25% \$	\$
Bone Marrow Donor(s)	Total Paid Leave Wages \$	Col 2 amt. × 25% \$	\$
		Total of Col. 4. Enter here and on Schedule UB.*	\$
	•	*Line 3 of Schedule UB for Line 14 of Schedule UB for	
		Home Purchase Tax Creater the Purchase Tax Cre	dit
1. Number of Eli	gible Employees	]	
	meownership Assistanc	e provided esx 50%	\$
3. Tax Credit (Cannot excee Employee)	d Line 2 amount and li	mited to \$2,500 per Eligible	\$

### Enter amount from Line 3 on Line 7 of Schedule UB for D-20 filers, or Line 18 of Schedule UB for D-30 filers.

Employer-Assisted Home Purchase Tax Credit

An employer who provides homeownership assistance to eligible employees through a certified home purchase program may be eligible to claim a credit against the franchise tax if certain conditions are met. See instructions and DC Code Section 47-1807.07 for further details.

# 2024 SCHEDULE SR Small Retailer



Government of the District of Columbia

Government of the District of Columbia Important: Read eligibility requirements before completing.	4 S R 0 0 1 1 0 0 0 2
Print in CAPITAL letters using black ink. OFFICIAL	USE ONLY Vendor ID#0002
Taxpayer Identification Number       Fill in       if FEIN       Fill in       if filing a D-2         Fill in       if SSN       Fill in       if filing a D-3	
Enter your business name	Sales and Use Tax Account Number
Mailing address (number, street and suite number if applicable)	
City Stat	te Zip Code +4
Address of Class 2 DC Property (number, street and suite number if applicable) for which you are claiming th	ne credit (if different from above)
City Stat	te Zip Code +4
Certificate of Occupancy Permit Number	
If member of a Combined Group, Taxpayer Identification Number of Designated Age	nt
<ul> <li>The credit equals the total Class 2 real property taxes paid by a qualified corbusiness for a qualified retail owned location during the taxable year not to erent paid by a qualified corporation or qualified unincorporated business for exceed \$10,000.</li> </ul>	exceed \$10,000; or 10% of the total
business for a qualified retail owned location during the taxable year not to e rent paid by a qualified corporation or qualified unincorporated business for	exceed \$10,000; or 10% of the total
business for a qualified retail owned location during the taxable year not to e rent paid by a qualified corporation or qualified unincorporated business for exceed \$10,000.	exceed \$10,000; or 10% of the total a qualified rental retail location not to 1 \$ .00
<ul> <li>business for a qualified retail owned location during the taxable year not to event paid by a qualified corporation or qualified unincorporated business for exceed \$10,000.</li> <li>1 Amount of federal gross receipts or sales. <i>Do not make claim if \$3m or more.</i></li> <li>2 If tenant, amount of rent paid in taxable year 2024 on qualified retail location</li> <li>3 Enter the Class 2 property taxes paid in 2024 on qualified owned retail location</li> </ul>	exceed \$10,000; or 10% of the total a qualified rental retail location not to
<ul> <li>business for a qualified retail owned location during the taxable year not to event paid by a qualified corporation or qualified unincorporated business for exceed \$10,000.</li> <li>1 Amount of federal gross receipts or sales. <i>Do not make claim if \$3m or more.</i></li> <li>2 If tenant, amount of rent paid in taxable year 2024 on qualified retail location</li> </ul>	exceed \$10,000; or 10% of the total a qualified rental retail location not to 1 \$ .00 n. 2 .00
<ul> <li>business for a qualified retail owned location during the taxable year not to event paid by a qualified corporation or qualified unincorporated business for exceed \$10,000.</li> <li>1 Amount of federal gross receipts or sales. <i>Do not make claim if \$3m or more.</i></li> <li>2 If tenant, amount of rent paid in taxable year 2024 on qualified retail location</li> <li>3 Enter the Class 2 property taxes paid in 2024 on qualified owned retail location or 10% of rent paid in taxable year 2024 on qualified retail location.</li> </ul>	exceed \$10,000; or 10% of the total a qualified rental retail location not to         1 \$       0.00         1.2       0.00         3       0.00         4       1.00       0.00
<ul> <li>business for a qualified retail owned location during the taxable year not to event paid by a qualified corporation or qualified unincorporated business for exceed \$10,000.</li> <li>1 Amount of federal gross receipts or sales. <i>Do not make claim if \$3m or more.</i></li> <li>2 If tenant, amount of rent paid in taxable year 2024 on qualified retail location or 10% of rent paid in taxable year 2024 on qualified owned retail location.</li> <li>4 Property Tax Credit Limit.</li> <li>5 Small Retailer Property Tax Relief Credit. Enter the smaller of Line 3 or Line 4 here</li> </ul>	exceed \$10,000; or 10% of the total a qualified rental retail location not to         1 \$       0       0       00         n.       2       0       0       00       00         3       0       0       0       00       00         4       1       0       0       0       00
<ul> <li>business for a qualified retail owned location during the taxable year not to event paid by a qualified corporation or qualified unincorporated business for exceed \$10,000.</li> <li>1 Amount of federal gross receipts or sales. <i>Do not make claim if \$3m or more.</i></li> <li>2 If tenant, amount of rent paid in taxable year 2024 on qualified retail location or 10% of rent paid in taxable year 2024 on qualified owned retail location.</li> <li>4 Property Tax Credit Limit.</li> <li>5 Small Retailer Property Tax Relief Credit. Enter the smaller of Line 3 or Line 4 here and on Schedule UB, Line 11 if incorporated, or Line 21 if unincorporated.</li> </ul>	exceed \$10,000; or 10% of the total a qualified rental retail location not to         1 \$       0       0       00         n.       2       0       0       00       00         3       0       0       0       00       00         4       1       0       0       0       00
<ul> <li>business for a qualified retail owned location during the taxable year not to event paid by a qualified corporation or qualified unincorporated business for exceed \$10,000.</li> <li>1 Amount of federal gross receipts or sales. <i>Do not make claim if \$3m or more.</i></li> <li>2 If tenant, amount of rent paid in taxable year 2024 on qualified retail location or 10% of rent paid in taxable year 2024 on qualified owned retail location.</li> <li>4 Property Tax Credit Limit.</li> <li>5 Small Retailer Property Tax Relief Credit. Enter the smaller of Line 3 or Line 4 here and on Schedule UB, Line 11 if incorporated, or Line 21 if unincorporated.</li> </ul>	exceed \$10,000; or 10% of the total a qualified rental retail location not to         1 \$       0       0       00         n.       2       0       0       00       00         3       0       0       0       00       00         4       1       0       0       0       00
<ul> <li>business for a qualified retail owned location during the taxable year not to event paid by a qualified corporation or qualified unincorporated business for exceed \$10,000.</li> <li>1 Amount of federal gross receipts or sales. <i>Do not make claim if \$3m or more</i>.</li> <li>2 If tenant, amount of rent paid in taxable year 2024 on qualified retail location or 10% of rent paid in taxable year 2024 on qualified owned retail location.</li> <li>4 Property Tax Credit Limit.</li> <li>5 Small Retailer Property Tax Relief Credit. Enter the smaller of Line 3 or Line 4 here and on Schedule UB, Line 11 if incorporated, or Line 21 if unincorporated.</li> </ul>	exceed \$10,000; or 10% of the total a qualified rental retail location not to         1 \$       0       0       00         n.       2       0       0       00       00         3       0       0       0       00       00         4       1       0       0       0       00
<ul> <li>business for a qualified retail owned location during the taxable year not to event paid by a qualified corporation or qualified unincorporated business for exceed \$10,000.</li> <li>1 Amount of federal gross receipts or sales. <i>Do not make claim if \$3m or more</i>.</li> <li>2 If tenant, amount of rent paid in taxable year 2024 on qualified retail location or 10% of rent paid in taxable year 2024 on qualified owned retail location.</li> <li>4 Property Tax Credit Limit.</li> <li>5 Small Retailer Property Tax Relief Credit. Enter the smaller of Line 3 or Line 4 here and on Schedule UB, Line 11 if incorporated, or Line 21 if unincorporated.</li> </ul>	exceed \$10,000; or 10% of the total a qualified rental retail location not to         1 \$       0       0       00         n.       2       0       0       00       00         3       0       0       0       00       00         4       1       0       0       0       00
<ul> <li>business for a qualified retail owned location during the taxable year not to e rent paid by a qualified corporation or qualified unincorporated business for exceed \$10,000.</li> <li>1 Amount of federal gross receipts or sales. <i>Do not make claim if \$3m or more</i>.</li> <li>2 If tenant, amount of rent paid in taxable year 2024 on qualified retail location or 10% of rent paid in taxable year 2024 on qualified owned retail location or 10% of rent paid in taxable year 2024 on qualified rental retail location.</li> <li>4 Property Tax Credit Limit.</li> <li>5 Small Retailer Property Tax Relief Credit. Enter the smaller of Line 3 or Line 4 here and on Schedule UB, Line 11 if incorporated, or Line 21 if unincorporated.</li> <li>6 Owner/Landlord's name</li> <li>Owner/Landlord's address (number and street)</li> </ul>	exceed \$10,000; or 10% of the total a qualified rental retail location not to         1 \$       000         2       000       000       000         3       000       000       000         4       100       000       000         5       000       000       000         000       000       000       000         1000       000       000       000         000       000       000       000         000       000       000       000         000       000       000       000         000       000       000       000         000       000       000       000         000       000       000       000         000       000       000       000         000       000       000       000         000       000       000       000         000       000       000       000         000       000       000       000         000       000       000       000         000       000       000       000         000       000       000
business for a qualified retail owned location during the taxable year not to exceed \$10,000.         1 Amount of federal gross receipts or sales. Do not make claim if \$3m or more.         2 If tenant, amount of rent paid in taxable year 2024 on qualified retail location or 10% of rent paid in taxable year 2024 on qualified retail location.         3 Enter the Class 2 property taxes paid in 2024 on qualified owned retail location or 10% of rent paid in taxable year 2024 on qualified rental retail location.         4 Property Tax Credit Limit.         5 Small Retailer Property Tax Relief Credit. Enter the smaller of Line 3 or Line 4 here and on Schedule UB, Line 11 if incorporated, or Line 21 if unincorporated.         6 Owner/Landlord's name         Owner/Landlord's address (number and street)         Telephone number	exceed \$10,000; or 10% of the total a qualified rental retail location not to         1 \$       000         2       000       000         3       000       000       000         4       1000       000       000         5       000       000       000         000       000       000       000         1000       000       000       000         000       000       000       000         000       000       000       000         000       000       000       000         000       000       000       000         000       000       000       000         000       000       000       000         000       000       000       000         000       000       000       000         000       000       000       000         000       000       000       000         000       000       000       000         000       000       000       000         000       000       000       000         000       000       000       000
business for a qualified retail owned location during the taxable year not to exceed \$10,000.         1 Amount of federal gross receipts or sales. Do not make claim if \$3m or more.         2 If tenant, amount of rent paid in taxable year 2024 on qualified retail location or 10% of rent paid in taxable year 2024 on qualified retail location.         3 Enter the Class 2 property taxes paid in 2024 on qualified owned retail location or 10% of rent paid in taxable year 2024 on qualified rental retail location.         4 Property Tax Credit Limit.         5 Small Retailer Property Tax Relief Credit. Enter the smaller of Line 3 or Line 4 here and on Schedule UB, Line 11 if incorporated, or Line 21 if unincorporated.         6 Owner/Landlord's name         Owner/Landlord's address (number and street)         Telephone number	a qualified rental retail location not to         1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1