



This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

OFFICIAL USE ONLY Vendor ID# 0002

Taxpayer Identification Number (FEIN) Fill in if FEIN Fill in if SSN

Tax Year beginning July 1, 2015 and ending June 30, 2016 Due Date: July 31, 2015

Business name

Business mailing address line 1

Business mailing address line 2

City State Zip Code + 4

Fill in if Amended Return Fill in if certified QHTC Fill in if Final Return Fill in if remaining cost is \$225,000 or less

Statement of personal property and computation of personal property tax

A. Kind of business or profession:

B. Number of DC locations Consolidate reporting for all business locations in the District on one personal property tax return. Do not file separate returns for each location. (See instructions)

C. If a hotel or motel, enter the number of rooms

D. Are you a lessee or lessor of personal property not reported in Schedule A of this return? If "Yes", complete Schedule D-1 or D-2 as appropriate. If you are a certified QHTC complete FR-399 Schedule D-3 or D-4 as appropriate.

E. Are there other companies doing business from your address under a lease, sublease or concession? If "Yes", attach a separate schedule listing the name of each company

Office building owners must attach a list of tenants as of July 1, 2015. Include the building address, taxpayer ID and room number.

