Propage (destification Number (FEIN) Fill in If FEIN Vendor ID# 0002 Business name Fill in if SN Tax Year beginning July 1, 2017 and ending July 1, 2017 and ending July 3, 2018 Business mailing address line 1 Example of the second s	This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.	FP-31 Personal Property Tax Return	OFFICIAL USE ONLY
Fill in if Amended Return Fill in if certified QHTC (Attach QHTC-Cert) 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	Fill in Business name Business mailing address line 1		Vendor ID# 0002 Tax Year beginning July 1, 2017 and ending June 30, 2018
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:	City	State Z	Zip Code + 4
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? Yes No 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, 2017. Include the building address, taxpayer ID and room number.	Fill in if Final Return	Fill in if remaining cost is \$2	225,000 or less
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 Yes No Office building owners must attach a list of tenants as of July 1, 2017. Include the building address, taxpayer ID and room number. Yes No			
 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, 2017. Include the building address, taxpayer ID and room number. 	Consolidate reporting for all business		return. Do not file
 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, 2017. Include the building address, taxpayer ID and room number. 	C. If a hotel or motel, enter the number	of rooms	
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, 2017. Include the building address, taxpayer ID and room number.	If "Yes", complete Schedule D-1 or D	-2 as appropriate. If you are a certified QHTC	Yes No
Include the building address, taxpayer ID and room number.			Yes No
2018 FP-31 P1		Include the building address, taxpayer ID and room n	

Taxpayer name :

FF	-1	N	(or	SSN	١.
Г Г	- L	IN	()	2214	1:



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1. Books, D	VDs and other	Dollars		n A - Orig ents to the					Colum Dollars				•			
reference Schedule	e material <i>(from</i> e A)	\$.00								Ι		00
	, fixtures, machinery pment <i>(from</i> e A)	\$				00										00
3. Unregiste	ered motor vehicles, red trailers and other															
	personal property hedule A)	\$				00										00
4. Supplies	(from Schedule B)	\$.00										00
personal	inal cost of tangible property (Add Lines <i>h 4, Column A</i>)	\$				00										
	ng cost (Current Value) c es 1 through 4, Column		perty							Ι				Ι		00
7. Deduct:	Exclusion									Т	2	2	5 (0 0	0	00
	remaining cost (current Jal to or greater than Lii						пе			Т	Г			Ι	Π	00
	TAX RATE (S	\$3.40 pe	r hund	lred)										2	х.(0340
9. TAX (Lii	ne 8 amount multiplied	by .0340 tax	rate)											Ι		00
10. Tax paid	l (if any) with FP-129A,	request for ex	tension o	f time to f	ile					Ι				Ι		00
11. If this is an amended 2018 return, payments made with original 2018 FP-31										Ι				I		00
12. Balance	due (Line 9 minus Line	10 and Line	11)											Ι		00
13. Penaltie	s (See instructions)															00
14. Interest	(See instructions)															00
15. Total - t	palance due, penalties ar	nd interest <i>(A</i>	dd Lines	12, 13 an	nd 14)				Ц	4		_				00
16. Amount	paid with this return									_		L		_		00
17. Unpaid	balance <i>(If any)</i>									Ι		Γ		I	Π	00
	ment <i>(If any)</i> refund go to an accoun	t outside of th	ie U.S.?	Yes	No	See instructi	ons.		n	Т				Т		00
Third party desi	gnee To authorize another	person to discı	iss this ret	urn with O	TR, fill in	here 🔵 and e	enter	the na	me and	phon	ne nun	nber (of that	perso	on. See	e instructions
Designee's nam	e						Ρ	hone n	umber							
PLEASE SIGN	Under penalties of law, preparer is based on the					and, to the be		-	nowled	<u> </u>					on of p	paid
HERE	Officer's or owner's signa	ature	Title	Э		Date	_			•				L		
								Prepare	er's FEI	N, SS	SN or	PTIN				
PAID	Preparer's signature (If other than taxpayer) Date															
PREPARER ONLY	Firm name						—	Prepare	er's Tele	ephon	e Nur	nber				

Firm address

Make check or money order (US dollars) payable to the DC Treasurer. Include your FEIN/SSN, "FP-31" and tax year 2018 on your payment. See mailing instructions. Use the return envelope in this booklet.

Name.

Schedi	ıle A	Books, DVDs and trailers and other										ed		
(1)		(2)	(3			(4)	220,000, ut		(5)			(6)		
Turne	,f	Date	Depres	iation		Original			Accumulated Depreciation as of			Remaining Cos (Current Value		
Type o Proper		Acquired Month/Year	Deprec Rate l		Original Cost			30, 201			July 1, 2017			
					\$						\$	-		
			<u> </u>					Total Day 11	a 0 / /					
otal Original Cos age 2 of FP-31)	•	appropriate Line(s) 1, 2	2 and/or 3 of Col. A	ι,	\$			Total Remainin (Also enter on and/or 3 of Col	appropria	ate Line(s) 1, 2	\$			
Schedu		t of office and othe	r supplies on ba	and as of lu		17			1.5	- /				
							/aluation I	f Other			emainin			
	Туре	e of Supplies				Than Ph	ysical Inve	entory			Current V July 1, 2			
										\$				
otal original c	ost of supplies	on hand (Enter or	Line 4 in both	Col. A. and	Col. B,	page 2 of F	P-31.)			\$				
Schedu		igible personal pro	perty reported o	n last vear'	s return	and dispose	d of subse	quently						
		T				IF SOLD	u or subsc							
(1) Type of	(2) Date	(3) Original	(4) Date of	(5) Method	(5)		(6) Name and Address of					(7) Sales		
Property	Acquired	Cost	Disposition	Disposit			- Turin		Price					
		\$									\$			
schedu	ile D-1	Leased tangible perso	onal property in DC	in your posse	ession. To	be completed	by lessee (o	ther than a QHT	°C) only. (See the specific	instructio	ons for Schedule		
	(1)		(2)				(3)		(4)		(5)		
	ype of						Or	iginal		ate Lease		Annual		
Pr	operty	Ow	ner's Name and	d Complete	Addres	S		Cost		Started		Rent		
							\$				\$			
											_			
schedu		Leased tangible perso			leased to	a QHTC). To b			See the s		ons for Sc			
T	(1) ype of		(2)				(3) iginal	Da	(4) ate Lease		(5) Annual		
	operty	Ow	ner's Name and	d Complete	Addres	S		Cost	:	Started		Rent		
							\$				\$			
											_			