★★★ **Government of**
the District of Columbia **2009** D-2030P Payment Voucher

Important: Print in CAPITAL letters in black ink.

0 9 2 3 0 0 1 1 0 0 0 2

Taxpayer Identification Number

Fill in ◯ if FEIN   **Fill in** ◯ if for a D-20 Return

Fill in ◯ if SSN   **Fill in** ◯ if for a D-30 Return

Business name

Tax period ending MM/YY

Mailing address line #1

Mailing address line #2

City

State

Zip Code + 4

Amount of payment $ .00

Do not enter cents, enter dollars only. To avoid penalties and interest, your payment must be postmarked by the due date of your return.