

2011 D-30ES SUB Unincorporated Business Declaration of Estimated Franchise Tax

Instructions

- Enter the amount of your payment in whole dollars only. Do not enter cents.
Enter your Federal Employer Identification Number (FEIN) or Social Security Number (SSN)
Enter the tax period ending date of the tax period you are filing for. (MMYY)
Enter the business name and address exactly as they appear on the unincorporated business tax return.
Make your check or money order payable to the DC Treasurer.
Include your FEIN/SSN, "D-30ES", tax period, name and address on your payment.

Mail this return and payment to: DC Office of Tax and Revenue Corporation Estimated Franchise Tax PO Box 96020 Washington, DC 20090-6020

Notes:

- If your liability is greater than \$10,000, you must file and pay electronically. Visit www.taxpayerservicecenter.com
For electronic filers, in order to comply with new banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States". If the answer is yes, you will be required to pay by check or credit card. Please notify this agency if your response changes in the future.

Detach at perforation before mailing

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SOFTWARE DEVELOPER USE ONLY

VENDOR ID # 1234

Quarterly Payment \$123456789.00 (dollars only)

Federal Employer ID Number 123456789 SSN (if self employed) 123456789 Tax Period Ending (MMYY) MMY

Business Name ABCDEFGHIJKLMNOPQRSTUVWXYZ

Mailing Address Line #1 12345ABCDEF GHIJKLMNOP

Mailing Address Line #2 12345ABCDEF GHIJKLMNOP

City ABCDEFGHIJKLMNOP State AB Zipcode 123456789 Voucher Number: 00 Due Date MMDDYY