

Instructions

Use the D-2030P Payment Voucher to make any payment due on your D-20 or D-30 return.

- Do not use this voucher to make estimated tax payments.
Enter your Taxpayer Identification Number.
Mark an X in the ovals based on the return type you file, D-20 or D-30 and whether you have a FEIN or SSN.
Enter your business or designated agent name and address exactly as shown on your return.
Enter the taxable year ending for the return you are filing (month and year only)
Enter the amount of your payment.
Make your check or money order payable to DC Treasurer (do not send cash).
Make sure your name and address appear on your payment (check or money order).
Write your FEIN/SSN, tax period and either D-20 or D-30 on your payment.
Staple your payment to the D-2030P Payment Voucher and mail with, but not attached to your tax return to the following:

Mail the D-2030P form with payment attached and your D-20 tax return to:
Office of Tax and Revenue
PO Box 96166
Washington, DC 20090-6166

or

Mail the D-2030P form with payment attached and your D-30 tax return to:
Office of Tax and Revenue
PO Box 96165
Washington, DC 20090-6165

(Do not attach this voucher to your D-20 or D-30 return)

Notes:

- If you are filing a refund or no payment due return, do not use this D-2030P voucher. If your liability exceeds \$5,000 in any period, you must 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 money order or credit card. Please notify this agency if your response changes in the future. If your payment is rejected, you may be subject to the District's dishonored check fee and additional penalties and interest.

Detach at perforation before mailing



Taxpayer Identification Number 123456789
Mark if X FEIN
Mark if X for a D-20 Return
Mark if X SSN
Mark if X for a D-30 Return

Business or Designated Agent Name ABCDEFGHIJKLMNOPQRSTUVWXYZ

Mailing Address Line #1 12345ABCDEF... BCDEF

Mailing Address Line #2 12345ABCDEF... BCDEF

City ABCDEFGHIJKLMNOP

State AB

SOFTWARE DEVELOPER USE ONLY
VENDOR ID # 1234
Tax period ending (MMYY)
MMYY

Zipcode + 4 123456789

Amount submitted with this form \$123456789.00