



Government of the
District of Columbia

2013 D-40P Payment Voucher



1 3 0 4 0 1 0 1 0 0 0 2

This is a FILL-IN format. Please **do not** **handwrite** any data on this form other than your signature.
If filing jointly, or filing separately on same return, see instructions.

STAPLE CHECK OR MONEY ORDER HERE ▲

Your first name

M.I. Last name

Official Use Only Vendor ID# 0002

Spouse's/registered domestic partner's first name

M.I. Last name

Your social security number (SSN)

Spouse's/registered domestic partner's SSN

Daytime telephone number

Home address (number, street and apartment)

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 no later than April 15, 2014.