Government of the District of Columbia

2015 D-40ES Estimated Payment for Individual Income Tax

This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

1 5 0 4 0 0 3 1 0 0 0 2

Quarterly payment (dollars only) $ .00

OFFICIAL USE ONLY
Vendor ID#0002

Print

Clear

DCE007L

Your social security number (SSN)

Spouse's/partner's SSN

Your first name, middle initial, last name. (Leave a space between names and initial.)

Your spouse's/registered domestic partner's first name, middle initial, last name. (Leave a space between names and initial.)

Address (number, street and apartment number if applicable)

City

State

Zip Code + 4

Voucher number:

Due date:

2015 D-40ES

Estimated Payment for Individual Income Tax