

2016 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 or designated agent name and address exactly as they appear on the unincorporated business tax return.
Make your check or money order payable (US dollars) 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 the amount of your payment due for a period exceeds \$5000, you shall 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 (US dollars) or credit card. Please notify this agency if your response changes in the future.

Detach at perforation before mailing

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Make check or money order payable to DC Treasurer.

Quarterly Payment \$123456789.00 (dollars only)

SOFTWARE DEVELOPER USE ONLY

Federal Employer ID Number

SSN (if self employed)

Tax Period Ending (MMYY)

VENDOR ID # 1234

123456789

123456789

MMYY

Business name or Designated Agent Name

ABCDEFGHIJKLMABCDEFGHIJKLMABCDEFGHIJK

Business mailing address line #1

12345ABCDEFGHIJKLMABCDEFGHIJKLA ABCDEF

Business mailing address line #2

12345ABCDEFGHIJKLMABCDEFGHIJKLA ABCDEF

City

State

Zip Code + 4

ABCDEFGHIJKLMABCDEFGHIGH

AB

123456789

Voucher Number: 00

Due Date

MMDDYY