D-30P PAYMENT VOUCHER
See instructions on back

Detach at perforation and mail the voucher, with payment attached. See mailing address on back.

Print

Clear

Government of the District of Columbia

2017 D-30P Payment Voucher for Unincorporated Business Franchise Tax

1 7 0 3 0 P 1 1 0 0 0 2

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

Official Use Only Vendor ID# 0002

STAPLE CHECK OR MONEY ORDER HERE ▲

Amount of payment (dollars only) $ .00

To avoid penalties and interest, your payment must be postmarked no later than the due date of your return.

Taxpayer Identification Number

Fill in ◯ if FEIN

Fill in ◯ if SSN

Business name or Designated Agent name

Tax period ending (MMYY)

Business mailing address (number, street and suite/apartment number if applicable)

Business mailing address (number, street and suite/apartment number if applicable)

City State Zip Code + 4

Revised 05/17

Government of the District of Columbia

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1 7 0 3 0 P 1 1 0 0 0 2

Important: Print in CAPITAL letters using black ink.

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