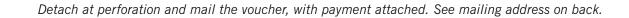
D-30P PAYMENT VOUCHER See instructions on back



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Business name or Designated Agent name	Fill in if SSN		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			
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