$\times \times \times$	Government of the
	District of Columbia

2019 D-20ES Declaration of Estimated

Franchise Tax for Corporations					
This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.					
Quarterly payment (dollars only)	.00		1 9 0 OFFIC	2 0 0 2 1 CIAL USE ONLY	0 0 0 2
Taxpayer Identification Number	Tax period ending (MMYY)		Vend	dor ID#0002	
Business name or Designated Agent name					
Business mailing address line 1					
Business mailing address line 2					
City	State	Zip Code + 4			
			Voucher number:	Due date:	