## D-30P PAYMENT VOUCHER See instructions on back

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

nportant: Print in CAPITAL letters	using black ink.	0	0 0 3 0 P 1 1	0 0 0 2
Amount of payment (dollars only)	.00	To avoid penalties and inter than the due date of your re	Official Use Only Vendor rest, your payment must be	
axpayer Identification Number	Fill in if FEIN	than the due date of your re	iturn.	
Business name or Designated Agent name	Fill in if SSN		Tax Period End	ing (MMDDYYYY)
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Business mailing address (number, street and	suite/apartment number if applica	ble)		
dusiness mailing address (number, street and	suite/apartment number if applical	ole)		
City		State	Zip Code + 4	
Revised 07/2021  Government of the District of Columbia D-30P P	avment Voucher for			
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