

Government of the District of Columbia

2006 D-30ES SUB Unincorporated Business Declaration of Estimated Franchise Tax

060300410000

Quarterly Payment (dollars only) **\$123456789.00**
Make check or money order payable to DC Treasurer.

OFFICIAL USE ONLY

Federal Employer ID Number
123456789

SSN (if self employed)
123456789

Tax Period Ending (MM/DD/YYYY)
MM/DD/YYYY

Business Name
ABCDEFGHIJKLMABCDEFGHIJKLMABCDEFGHIJK

Mailing Address Line #1 **12345ABCDEFGHIJKLMABCDEFGHIJKLMABCDEFGHI**
MARK IF THIS IS YOUR FIRST RETURN OR IF YOUR ADDRESS CHANGED FROM YOUR LAST RETURN

Mailing Address Line #2
12345ABCDEFGHIJKLMABCDEFGHIJKLMABCDEFGHI

City **ABCDEFGHIJKLMFGH** State **AB** Zipcode **123456789**

Voucher Number: **X** Due Date: **MM/DD/YY**

**Make check or money order payable to the DC Treasurer. Include your Federal Employer ID number, "D-30ES" and tax period on your payment.
Mail return and payment to: DC Office of Tax and Revenue, Unincorporated Business Estimated Franchise Tax, PO Box 96020, Washington, DC 20090-6020.**