



Government of the  
District of Columbia  
Office of Tax and Revenue

**D-20ES Corporation :**  
**2002 Declaration of**  
**Estimated Franchise Tax**



020200410000

FEDERAL EMPLOYER I.D. NUMBER

XX-XXXXXX

VOUCHER NO. X

PERIOD ENDING

MM/DD/YYYY

BUSINESS NAME

XX

MAILING ADDRESS LINE #1

XX

MAILING ADDRESS LINE #2

XX

CITY

XXXXXXXXXXXXXXXXXXXXXXXX

STATE

XX

ZIP + 4

XXXXX-XXXX

**SEE INSTRUCTIONS FOR PAYMENT OF ESTIMATED TAX**

1. TOTAL ESTIMATED TAX FOR THIS YEAR.....	\$	XXXXXXXXXXXX
2. CREDIT CARRIED FORWARD FROM PREVIOUS YEAR.....	\$	XXXXXXXXXXXX
3. AMOUNT OF TAX DUE THIS INSTALLMENT.....	\$	XXXXXXXXXXXX
4. AMOUNT OF CREDIT TO BE APPLIED TO THIS INSTALLMENT.....	\$	XXXXXXXXXXXX
5. AMOUNT OF THIS INSTALLMENT PAYMENT (Line 3 minus Line 4).....	\$	XXXXXXXXXXXX

Under penalties of law, including criminal penalties for false statements and tax preparer penalties under D.C. Code secs. 22-2514 and 47-161, *et seq.*, I declare that I have examined this return and, to the best of my knowledge it is correct. If prepared by a person other than the taxpayer, this declaration is based on all information available to the preparer.

**PLEASE**

**SIGN**

**HERE**

\_\_\_\_\_  
TAXPAYER'S SIGNATURE

\_\_\_\_\_  
TITLE

MM/DD/YYYY

DATE

XXX-XXX-XXXX

Telephone Number of Person to Contact

\_\_\_\_\_  
PREPARER'S SIGNATURE (If other than taxpayer)

MM/DD/YYYY

DATE

XXXXXXXXXX

Preparer's PTIN

**PAID**

**PREPARER**

XX

FIRM NAME

XXX-XX-XXXX

Preparer's SSN

**ONLY**

XX

FIRM STREET ADDRESS

XX-XXXXXX

Preparer's Federal Employer I.D. Number

XXXXXXXXXXXXXXXXXXXXXXXX

CITY

XX

STATE

XXXXX-XXXX

ZIP + 4

Mail return and payment to: D.C. Office of Tax and Revenue, Corporation Estimated Franchise Tax, P.O. Box 96019, Washington, D.C. 20090-6019. Make check or money order payable to the D.C. Treasurer. Include your Federal Employer ID number, "D-20ES" and tax year on your payment.