

Government of the District of Columbia

2006 D-20ES SUB Declaration of Estimated Franchise Tax for Corporations

060200410000

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

OFFICIAL USE ONLY

Federal Employer ID Number **123456789** Tax Period Ending (MM/DD/YYYY) **MM/DD/YYYY**

Business Name **ABCDEFGHIJKLMNABCDEFGHIJKLMNABCDEFGHIJKLMN**

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

Mailing Address Line #2 **12345ABCDEFGHIJKLMNABCDEFGHIJKLMNABCDEFGHIJKLMN**

City **ABCDEFGHIJKLMN** 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-20ES" and tax period on your payment. Mail return and payment to: DC Office of Tax and Revenue, Corporation Estimated Franchise Tax, PO Box 96019, Washington, DC 20090-6019.