



Government of the
District of Columbia
Office of Tax and Revenue

**D-30ES Unincorporated :
2001 Declaration of Estimated
Franchise Tax**

*** 010300110001 ***

010300110001

FEDERAL EMPLOYER I.D. NUMBER SSN (If self employed) PERIOD ENDING VOUCHER NO. X
 XX-XXXXXXX XXX-XX-XXXX MM/DD/YYYY

BUSINESS NAME
 XXX

MAILING ADDRESS LINE #1 MAILING ADDRESS LINE #2
 XXX

CITY STATE ZIP + 4
 XXXXXXXXXXXXXXXXXXXXXXX XX XXXXX-XXXX

SEE INSTRUCTIONS FOR PAYMENT OF ESTIMATED TAX

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

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 and belief, it is true, correct and complete. 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 XXX-XXX-XXXX Telephone Number of Person to Contact

PREPARER'S SIGNATURE (If other than taxpayer) MM/DD/YYYY XXXXXXXXXXXX DATE Preparer's PTIN

PAID

PREPARER XXX XXX-XX-XXXX FIRM NAME Preparer's SSN

ONLY

XX XX-XXXXXXXX FIRM ADDRESS Preparer's Federal Employer I.D. Number

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