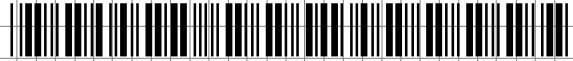




Government of the
District of Columbia
Office of Tax and Revenue

**D-30ES Unincorporated :
2002 Declaration of Estimated
Franchise Tax**



020300410000

FEDERAL EMPLOYER I.D. NUMBER

XX-XXXXXXX

SSN (If self employed)

XX-XX-XXXX

PERIOD ENDING

MM/DD/YYYY

VOUCHER NO. X

BUSINESS NAME

XX

MAILING ADDRESS LINE #1

XX

MAILING ADDRESS LINE #2

XX

CITY

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

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

ONLY

XX

FIRM NAME

XX

FIRM ADDRESS

XXX-XX-XXXX

Preparer's SSN

XX-XXXXXXX

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 or SSN, "D-30ES" and tax year on your payment.