

Government of the
District of Columbia

2004

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

040300410000

FOR OFFICIAL USE ONLY:

MARK IF THIS IS YOUR FIRST RETURN OR IF YOUR ADDRESS IS DIFFERENT THAN YOUR LAST RETURN

QUARTERLY PAYMENT \$ XXXXXXXX.00 (DOLLARS ONLY)

FEDERAL EMPLOYER I.D. NUMBER

XX-XXXXXXX

SSN (If self employed)

XXX-XX-XXXX

TAX PERIOD ENDING

MM/DD/YYYY

BUSINESS NAME

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

MAILING ADDRESS LINE #1

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

MAILING ADDRESS LINE #2

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CITY

XXXXXXXXXXXXXXXXXXXX

STATE

XX

ZIP CODE

NNNNN-NNNN

VOUCHER NO. X

DUE DATE: MM/DD/YY

Make check or money order payable to the DC Treasurer. Include your Social Security number, and/or 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.