

Government of the District of Columbia

2005 D-30ES SUB Unincorporated Business Declaration of Estimated Franchise Tax

050300410000

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

OFFICIAL USE ONLY

FEDERAL EMPLOYER I.D. NUMBER 123456789

SSN (If self-employed) 123456789

TAX PERIOD ENDING MM/DD/YYYY

BUSINESS NAME ABCDEFGHIJKLMNOPQRSTUVWXYZ

MAILING ADDRESS LINE #1 12345ABCDEF... MARK IF X THIS IS YOUR FIRST RETURN OR IF YOUR ADDRESS CHANGED FROM YOUR LAST RETURN

MAILING ADDRESS LINE #2 12345ABCDEF...

CITY STATE ZIP CODE ABCDEFGH AB 123456789

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.