

Government of the
District of Columbia

2002 D-40P SUB Payment Voucher



0 2 0 4 0 1 2 1 0 0 0 0

OFFICIAL USE ONLY

Your first name M.I. Last name
AAAAAAAAAAAAAAAA A AAAAAAAAAAAAAAAAAAAAAA

Spouse's first name if joint payment M.I. Last name
AAAAAAAAAAAAAAAA A AAAAAAAAAAAAAAAAAAAAAA

Your social security number If filing jointly, Spouse's social security number Your daytime phone number
999-99-9999 999-99-9999 999-999-9999

Home address (number and street) Apartment number
99999AAAAAAAAAAAAAAAAAAAA 99AAA
AAAAAAAAAAAAAAAAAAAAAAAAAAAA

City State Zip
AAAAAAAAAAAAAAAAAAAA AA 99999-9999

Amount of payment **\$ 99999999.00** Tax Period Ending **MMDDYYYY**