

2010 D-30ES SUB Unincorporated Business Declaration of Estimated Franchise Tax

Instructions

- Enter the amount of your payment in whole dollars only. Do not enter cents.
Enter your Federal Employer Identification Number (FEIN) or Social Security Number (SSN)
Enter the tax period ending date of the tax period you are filing for. (MMYY)
Enter the business name and address exactly as they appear on the unincorporated business tax return.
Make your check or money order payable to the DC Treasurer.
Include your FEIN/SSN, "D-30ES", tax period, name and address on your payment.

Mail this return and payment to:

DC Office of Tax and Revenue
Corporation Estimated Franchise Tax
PO Box 96020
Washington, DC 20090-6020

Notes:

- If your liability is \$10,000 or more, you must file and pay electronically. See www.taxpayerservicecenter.com
For electronic filers, in order to comply with new banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States". If the answer is yes, you will be required to pay by check or credit card. Please notify this agency if your response changes in the future. If your payment is rejected, you may be subject to the District's dishonored check fee and additional penalties and interest.

Detach at perforation before mailing

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Make check or money order payable to DC Treasurer.

Quarterly Payment \$ 1 2 3 4 5 6 7 8 9 . 00 (dollars only)

Federal Employer ID Number: 1 2 3 4 5 6 7 8 9
SSN (if self employed): 1 2 3 4 5 6 7 8 9
Tax Period Ending (MMYY): MMYY

Business Name: ABCDEF GHIJKL ABCDEF GHIJKL ABCDEF GHIJKL

Mailing Address Line #1: 1 2 3 4 5 ABCDEF GHIJKL ABCDEF GHIJKL ABCDEF

Mailing Address Line #2: 1 2 3 4 5 ABCDEF GHIJKL ABCDEF GHIJKL ABCDEF

City: ABCDEF GHIJKL ABCDEF GH State: AB Zipcode: 1 2 3 4 5 6 7 8 9 Voucher Number: 0 0 Due Date: MMDDYY

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