

D-20ES Declaration of Estimated Franchise Tax for Corporations



any data on this form other than your signature. Quarterly payment 00 (dollars only) OFFICIAL USE ONLY Vendor ID#0002 Federal Employer I.D. Number Tax period ending (MMYY) Business name Business mailing address line 1 Business mailing address line 2 Zip Code + 4 City State Voucher number: Due date:

2012 D-20ES

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