This is a FILL-IN fo	Government of the District of Columbia 2012 mat. Please do not handwrite rm other than your signature.	D-30ES Unincorpora Declaration of Estima	ated Busin ated Franc	ess hise Tax:				
	Quarterly payment (dollars only)		00	•		L USE ONLY	2	
	Federal Employer I.D. Number	SSN (If self employed)		Tax p	eriod ending (MMYY)			
	Business name							
ž	Business mailing address line 1							
	Business mailing address line 2							
	City		State	Zip Code + 4				
	2012 D-30ES			Vo	ucher number: [	Due date:		
	Unincorporated Business Declaration of Estimated Franchise Tax							