Government of the District of Columbia 2014 This is a FILL-IN format. Please do not handwrite any da Quarterly payment (dollars only) Federal Employer I.D. Number	Franchise Tax for Corpo	rations •		2 0 0 2 1 FICIAL USE ONLY ndor ID#0002	
Business name or Designated Agent name					
Business mailing address line 1					
Business mailing address line 2					
City	State	Zip Code + 4			
2014 D-20	DES		Voucher number:	Due date:	:
Declaration	of Estimated Franchise Tax for Corporations				