Print

Clear

Government of the District of Columbia

2015 D-2030P Payment Voucher for Franchise Tax

1 5 2 3 0 0 1 1 0 0 0 2

This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

Official Use Only Vendor ID# 0002

Amount of payment $ 00

Do not enter cents, enter dollars only. To avoid penalties and interest, your payment must be postmarked no later than the due date of your return.

Taxpayer Identification Number

Fill in ◯ if FEIN

Fill in ◯ if SSN

Fill in ◯ if for a D-20 Return

Fill in ◯ if for a D-30 Return

Business name or Designated Agent name

Tax period ending (MMYY)

Business mailing address (number, street and suite/apartment number if applicable)

Business mailing address (number, street and suite/apartment number if applicable)

City

State

Zip Code + 4

STAPLE CHECK OR MONEY ORDER HERE ▶