



# 2020

## D-20ES Declaration of Estimated Franchise Tax for Corporations



2 0 0 2 0 0 2 1 0 0 0 2

OFFICIAL USE ONLY  
Vendor ID#0002

Important: Print in CAPITAL letters using black ink.

Quarterly payment  
(dollars only)

\$ .00

Taxpayer Identification Number

Tax period ending (MMDDYYYY)

Business name or Designated Agent name

Business mailing address line 1

Business mailing address line 2

City

State

Zip Code + 4

Voucher number:

Due date:

DCE006C