Government of the District of Columbia

# 2015 D-30ES Unincorporated Business Declaration of Estimated Franchise Tax

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

Print

Clear

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

Quarterly payment (dollars only) $ 00

OFFICIAL USE ONLY
Vendor ID#0002

Federal Employer I.D. Number

SSN (If self employed)

Tax period ending (MMYY)

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:

DCE006U