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Government of the District of Columbia

2014 D-2030P Payment Voucher

1 4 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.

STAPLE CHECK OR MONEY ORDER HERE ▶

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

OFFICIAL USE ONLY

Vendor ID# 0002

Business name or Designated Agent name

Tax period ending MMYY

Business mailing address line #1

Business mailing address line #2

City

State

Zip Code + 4

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.