| 4 5 | 6 7 8                 | 1 1 1 1 1<br>9 0 1 2 3 4 5 | 1 1 1 1 1 2<br>6 7 8 9 0 1 | 2 2 2 2 2 2<br>1 2 3 4 5 6 | 2 2 2 2<br>7 8 9 | 3 3 3<br>0 1 2 | 3 3 3<br>3 4 5 | 3 3 3<br>5 7 8 | 3 4 4<br>9 0 1 2 | 4 4 4<br>3 4 | 4 4<br>5 6 | 4 4<br>7 8 | 4 5<br>9 0 | 5 5<br>1 2 | 5 5<br>3 4 | 5 5<br>5 6 | 5   | 5 5 | 6 6<br>0 1 | 6 6<br>2 3 | 6645 | 6 6<br>6 7 | 6 6<br>8 9 | 7 7<br>0 1 | 7 | 7 7<br>3 4 | 7 7<br>5 6 | 7 7<br>2 7 8 | 7 1 |
|-----|-----------------------|----------------------------|----------------------------|----------------------------|------------------|----------------|----------------|----------------|------------------|--------------|------------|------------|------------|------------|------------|------------|-----|-----|------------|------------|------|------------|------------|------------|---|------------|------------|--------------|-----|
|     |                       |                            |                            |                            |                  |                |                |                |                  |              |            |            |            |            |            |            |     |     |            |            |      |            |            |            |   |            |            | 3            |     |
|     | Governr<br>District o | nent of the<br>of Columbia | 2024                       | D-30P                      | SUB              | Pav            | ment           | Voi            | ucher            | r for        |            |            |            |            |            |            |     |     |            |            |      |            |            |            |   |            |            | 4            |     |
|     | Instru                | ictions                    |                            | Unino                      | corpoi           | atec           | l Frar         | nchis          | e Tax            | (            |            |            |            |            |            |            |     |     |            |            |      |            |            |            |   |            |            | 5            |     |
|     |                       |                            |                            |                            |                  |                |                |                |                  |              |            |            |            |            |            |            |     |     |            |            |      |            |            |            |   |            |            | 6            |     |
| l   | Jse tl                | ne D-30P                   | Paymen                     | t Vouche                   | er to r          | nake           | e any          | рауі           | ment             | s dı         | ie c       | on y       | ou         | r D        | -3(        | ) re       | etu | rn. |            |            |      |            |            |            |   |            |            | 7            |     |
| •   | •                     | Do not u                   | ise this v                 | oucher t                   | o ma             | ke es          | stima          | ted t          | tax pa           | aym          | ent        | s.         |            |            |            |            |     |     |            |            |      |            |            |            |   |            |            | 8            |     |
| •   | •                     | Enter yo                   |                            |                            | tificat          | ion I          | Numl           | ber.           | Mark             | < an         | Х          | indi       | ica        | ting       | g if       | thi        | s i | 5   |            |            |      |            |            |            |   |            |            | 9            |     |
|     |                       | your FEI                   |                            |                            |                  |                |                |                |                  |              |            |            |            |            |            |            |     |     |            |            |      |            |            |            |   |            |            | 10           |     |
| •   |                       | Enter na                   | me and a                   | address                    | exactl           | y as           | they           | app            | ear o            | n yo         | bur        | reti       | urn        | 4          |            |            |     |     |            |            |      |            |            |            |   |            |            | 11           |     |
| •   | ,                     | Enter the                  | e amount                   | t of your                  | paym             | ient.          |                |                |                  |              |            |            |            |            |            |            |     |     |            |            |      |            |            |            |   |            |            | 12           |     |
| •   | •                     | Make the<br>Write yo       | e check d                  | or mone                    | y orde           | er (U          | S dol          | lars)          | paya             | able         | to         | the        | D          | CΤ         | rea        | su         | rer | •   |            |            |      |            |            |            |   |            |            | 13           |     |
| •   | •                     | Write yo                   | ur TIN, t                  | ax perio                   | d and            | type           | e of re        | eturn          | filed            | l (D·        | -30        | )) oi      | n tł       | пe         | рау        | 'n         | ent |     |            |            |      |            |            |            |   |            |            | 14           | _   |
| •   | •                     | Staple y                   | our chec                   | k or mo                    | ney o            | rder           | to th          | e D-           | 30P              | vou          | che        | er o       | nly        | /. C       | )o r       | not        | at  | tac | h y        | /ou        | r    |            |            |            |   |            |            | 15           |     |
|     |                       | payment                    |                            |                            |                  |                |                |                |                  |              |            |            |            |            |            |            |     |     |            |            |      |            |            |            |   |            |            | 16           |     |
| •   | •                     | Mail the                   | D-30P v                    | <b>vith</b> , but          | t not a          | attac          | hed t          | o, yo          | our D            | -30          | ) ta       | x re       | tur        | n t        | 0:         |            |     |     |            |            |      |            |            |            |   |            |            | 17           | _   |
|     |                       |                            |                            |                            |                  |                |                | _              |                  |              |            |            |            |            |            |            |     |     |            |            |      |            |            |            |   |            |            | 18           |     |
|     |                       |                            |                            |                            |                  |                | Off            |                | of Tax           |              |            |            | nu         | e          |            |            |     |     |            |            |      |            |            |            |   |            |            | 19           | _   |
|     |                       |                            |                            |                            |                  |                |                | P(             | D Box            | ( 96         | 516        | 5          |            |            |            |            |     |     |            |            |      |            |            |            |   |            |            | 20           |     |

## Washington, DC 20090-6165

## Notes:

- If your payment exceeds \$5,000 in any period, you must pay electronically. Visit www.MyTax.DC.gov
- For electronic filers, in order to comply with banking rules, you will be asked the question
   "Will the funds for this payment come from an account outside of the United States?" If the
   answer is yes, you will be required to pay by money order (US dollars) or credit card. Please
   notify this agency if your response changes in the future. You will be charged a \$65 fee if your
   checkor electronic payment is not honored by your financial institution and returned to OTR.

Detach at perforation before mailing

| Government of the<br>District of Columbia 2024 D-30P SUB Payment Voucher for<br>Unincorporated Business Franchise Tax |  |
|---|--|
| Amount of Payment (dollars only) 99999999999999.00  | 2         4         0         3         0         P         S         1         0         0         1           To avoid penalties and interest, your paymentmust be postmarked no later         1 <th1< th=""> <th1< th=""> <th1< th=""> <t< td=""></t<></th1<></th1<></th1<> |
| Taxpayer Identification Number Mark if X FEIN Tax period ending (MMDDYYYY   | then the due date of your network  |
| 99999999999999999999999999999999999999  | VENDOR # 9999  |
| Business or Designated Agent Name   | Telephone number of person to contact  |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  | XXXXXXXX 999999999   |
| Business mailing address (number, street and suite/apartment number if applicable)                                    |  |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   |  |
| Business mailing address (number, street and suite/apartment numberif applicable)                                     |  |
| XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX   |  |
| City  | State Zipcode + 4  |
| XXXXXXXXXXXXXXXXXXXX  | XX 99999999  |
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| Rev.09/2024   |  |
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