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	Instruct	ions	D-30P SUB F Unincorpora	ited Franc	hise Ta	x														5	
																				6	
		D-30P Payment \						your	D-3	80 r	etui	'n.								7	
	• C	o not use this vol	icher to mak	e estimate	ed tax p	bayme	ents.													8	
		nter your Taxpaye	r Identificatio	on Numbe	er. Mai	′k an	X inc	licat	ing	if th	nis is	5								9	
	У	our FEIN or SSN.																		10	
	• E	nter name and ad	dress exactly	as they a	appear	on yo	ur re	turn.												11	
	• E	nter the amount o	f your payme	ent.																12	
	• N	lake the check or	money order	(US dolla	ars) pay	able	to th	e DC) Tre	easi	urer.									13	
	• V	/rite your TIN, tax	period and t	ype of ret	urn file	d (D-	30) c	on th	ie pa	aym	ient									14	
	• S	taple your check ayment to your D	or money or	der to the	D-30P	vou	her (only	. Do	no	t att	ach	γοι	J۲						15	
	р	ayment to your D	-30 return.																	16	
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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
 check or electronic payment is not honored by your financial institution and returned to OTR.

Detach at perforation before mailing

Government of the District of Columbia 2023 D-30P SUB Payment Voucher for									
Unincorporated Business Franchise	Тах								
Amount of Payment (dollars only) 999999999999.00	2 3 0 3 0 F S 1 0 0 0 1 1 To avoid penalties and interest, your paymentmust be postmarked no later								
Taxpayer Identification Number Mark if X FEIN Tax period ending (MM	then the due date of your within								
99999999999999 Mark if X SSN 99999999	VENDOR # 9999								
Business or Designated Agent Name	Telephone number of person to contact								
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX									
Business mailing address (number, street and suite/apartment number if applicable)									
Business mailing address (number, street and suite/apartment numberif applicable)									
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Rev.09/2023									