Covernment of the District of Columbia

2013 D-40ES Estimated Payment for Individual Income Tax



This is a FILL-IN format. Please do not handwrite any data on

this form other than your signature. Quarterly payment (dollars only)	00	1 3 0	4 0 0 3	1 0 0	0 2
Your social security number (SSN) Spouse's/partner's	SSN		CIAL USE ONLY dor ID#0002		
Your first name, middle initial, last name. (Leave a space between	n names and initial.)				
Your spouse's/registered domestic partner's first name, middle initia	al, last name. (Leave a space between	een names and initial.)			
Address (number, street and apartment number if applicable)					
City		State 2	Zip Code + 4		
2013 D-40ES		Voucher	number:	Due date:	

Estimated Payment for Individual Income Tax

Voucher number: Due date: