



1 6 0 4 0 0 3 1 0 0 0 2

Tax period ending (MMYY)

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

Quarterly payment (dollars only)

\$

.00

Your social security number (SSN)

Spouse's/registered domestic partner's SSN

OFFICIAL USE ONLY Vendor ID#0002

Your first name

M.I. Last name

Spouse's/registered domestic partner's first name

M.I. Last name

Address (number, street and suite/apartment number if applicable)

City

State

Zip Code + 4

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