



DC

## ELECTRONIC PAYMENT INSTRUCTIONS

### 1. Access the System:

- Navigate to: <https://mytax.dc.gov/#0>

### 2. Select “Make a Payment”

- Select “Express Credit/Debit Card Payment
- Customer Type – Individual
- ID Type – select SSN
- Enter SSN
- Select “Individual Income Tax” under Tax Account

< Make a Payment

#### Credit Card Payment

**Taxpayer Details**

Note: Credit/Debit card payments will incur an additional 2.5% service fee, charged by the processor. By using the ACH Debit (using your financial institution's routing and account number) payment option you will not incur a service fee.

<b>Taxpayer Information</b> Customer Type <input type="text" value="Individual"/> ID Type <input type="radio"/> ITIN <input checked="" type="radio"/> SSN ID <input type="text" value="***-**-7192"/>	<b>Tax Account</b> Account Type <input type="radio"/> Consumer Use Tax <input checked="" type="radio"/> Individual Income Tax
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### 3. Select “Payment Type” and enter the Tax Period End Date.

**Payment type**

What type of payment are you making?

- Account Payment**  
Amount to pay an account balance. Generally, payments are applied to oldest balances first.
- Audit Payment**  
Amount intended to pay off an audit.
- Estimated Payment**  
Amount intended to pay an estimated tax liability.
- Extension Payment**  
Amount intended to pay the estimated tax liability at the time an extension was submitted.
- Payment Plan Payment**  
Amount intended to pay off a payment plan installment.
- Period Payment**  
Amount to be posted on a specific period.
- Return Payment**  
Amount intended to pay off a return that has been filed.

Tax Period End

If you have any questions, please contact the Client Success Team at [support@yhbcpa.com](mailto:support@yhbcpa.com) or 1-800-495-4910.



#### 4. Filing the Form:

- You must complete all \* boxes:

#### Pay with Credit/Debit Card

\* Amount *Required*

\* Confirm Amount *Required*

2.5% Credit Card Fee	\$0.00
Total Amount	\$0.00

You will be redirected to our payment vendor to make your payment.

#### Name

\* First Name *Required*

\* Last Name *Required*

#### Billing Information

Country

\* Street *Required*

Street 2

Unit Type <input type="text"/>	Unit <input type="text"/>	* City <i>Required</i> <input type="text"/>
* State <i>Required</i> <input type="text"/>	* Zip <i>Required</i> <input type="text"/>	County <input type="text"/>