

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



Government of the District of Columbia

2016 FR-900M Employer/Payor Withholding Tax – Monthly Return



Taxpayer Identification Number		Fill in <input type="radio"/> if FEIN	Account Number	Tax Period Ending (MMYY)		Due Date	OFFICIAL USE ONLY Vendor ID#0002	
<input type="text"/>		Fill in <input type="radio"/> if SSN	<input type="text"/>	<input type="text"/>		<input type="text"/>		
Business name								
<input type="text"/>								
Business mailing address 1								
<input type="text"/>								
Business mailing address 2								
<input type="text"/>								
City		State	Zip Code + 4		1. DC income tax withheld this month on wages (W-2)			\$
<input type="text"/>		<input type="text"/>	<input type="text"/>		<input type="text"/>			<input type="text"/>
Telephone number of person to contact					2. DC income tax withheld this month on non-wage payments (1099)			\$
<input type="text"/>					<input type="text"/>			<input type="text"/>
Under penalties of law, I declare that, to the best of my knowledge, this return is correct.					3. Adjustment from the previous month only			\$
Declaration of paid preparer is based on the information available to the preparer.					Fill in circle if a minus <input type="radio"/>			<input type="text"/>
Preparer's PTIN					4. Penalty-5% per month with a maximum of 25%			\$
<input type="text"/>					<input type="text"/>			<input type="text"/>
Taxpayer's Signature					5. Interest - 10% per year			\$
<input type="text"/>					<input type="text"/>			<input type="text"/>
Title					6. Total Amount Due			\$
<input type="text"/>					<input type="text"/>			<input type="text"/>
Date					Preparer's Signature			\$
<input type="text"/>					<input type="text"/>			<input type="text"/>
Preparer's Signature					Date			\$
<input type="text"/>					<input type="text"/>			<input type="text"/>

DCW006M

