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Government of the District of Columbia

2008 FR-900M Employer Withholding Tax — Monthly Return

0 9 0 0 0 3 1 9 9 9 9

Taxpayer Identification Number

Fill in ☐ if FEIN

Fill in ☐ if SSN

Tax Period Ending

Select

Due Date

Business name

Account Number (provided by OTR)

Final ☐ return indicator.

Mailing address 1

Mailing address 2

City State Zip Code

1. DC income tax withheld this month .00
2. Adjustment to a previous month this year. Fill in if minus. .00
3. Tax Due .00

PLEASE SIGN HERE

Under penalties of law, I declare that, to the best of my knowledge, this return is correct. Declaration of paid preparer is based on all the information available to the preparer.

Taxpayer's signature Title Date

Preparer's signature (if other than taxpayer) Date Telephone number of person to contact

PAID PREPARER ONLY

Firm name

Preparer's FEIN, SSN or PTIN

Firm address

Make check or money order payable to the DC Treasurer. Include your FEIN/SSN, "FR-900M" and tax year on your payment.
Mail return and payment to: Office of Tax and Revenue, PO Box 96385, Washington DC 20090-6385.