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Government of the District of Columbia

2009 FR-900M Employer Withholding Tax – Monthly Return

0 9 9 0 0 0 3 1 0 0 0 2

FOR OFFICIAL USE ONLY

Taxpayer Identification Number

Fill in ☐ if FEIN

Fill in ☐ if SSN

Tax Period Ending (MMYY)

Business name

Mailing address 1

Mailing address 2

City

State

Zip Code + 4

Account Number

Fill in ☐ if Final return

1. DC income tax withheld this month	100	00
2. Adjustment to a previous month of this year. Fill in if minus.	50	00
3. Tax Due	0	00