

2011 FR-900M Employer Withholding Tax – Monthly Return



Important: Print in CAPITAL letters using black ink.

Taxpayer Identification Number, Tax Period Ending (MMYY), and checkboxes for FEIN, SSN, and Final return.

FOR OFFICIAL USE ONLY

Vendor ID # 0002

Business name

Account Number field

Business mailing address 1

Due date:

Business mailing address 2

1. DC income tax withheld this month

City, State, Zip Code + 4

2. Adjustment to a previous month of this year. Fill in circle if a minus.

Input fields for City, State, and Zip Code + 4

3. Tax Due

Telephone number of person to contact

Preparer's FEIN, SSN or PTIN

Voucher number:

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

Signature and date fields for Taxpayer and Paid Preparer.

2011 FR-900M

DCW006M