

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

2012 FR-900Q Employer/Payor Withholding Tax – Quarterly Return



1 2 9 0 0 0 7 1 0 0 0 2

Taxpayer Identification Number

Fill in if FEIN

Tax Period Ending (MMYY)

Fill in if SSN

Fill in if Final return

Business name

Business mailing address 1

Business mailing address 2

City

State

Zip Code + 4

Telephone number of person to contact

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.

Taxpayer's signature

Title

Date

Paid Preparer's Signature

Date

OFFICIAL USE ONLY
Vendor ID#0002

Account Number

Due date

1. DC income tax
withheld this quarter

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

3. Tax Due

Preparer's PTIN

DCW006Q