



FR-900B PAGE 2 **Reconciliation and Report**

Taxpayer name \_\_\_\_\_

FEIN/SSN \_\_\_\_\_



DCW008B

Employer's DC withholding tax reconciliation			
	Date Paid	Tax Paid	Explanation
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
Total for the year			

Telephone number of person to contact

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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 Signature	
Date	