



2013 FR-900M Employer/Payor Withholding Tax – Monthly Return



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



Taxpayer Identification Number Fill in if FEIN Account Number
Fill in if SSN

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

Tax Period Ending (MMYY) Fill in if final return
Fill in if non-wage

Due Date:

OFFICIAL USE ONLY
Vendor ID#0002

- 1. DC income tax withheld this month per W2's/1099's \$
- 2. Adjustment to a previous month of this year. Fill in circle if a minus. \$
- 3. Tax Due \$

Preparer's PTIN

Paid Preparer's Signature Date

