

This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.



2015 FR-900A Employer/Payor Withholding Tax – Annual Return



DCW006A

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

Due Date

Fill in if amended return

OFFICIAL USE ONLY
Vendor ID#0002

1. DC income tax withheld this year on wages (W-2)

\$																			
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2. DC income tax withheld this year on non-wage payments (1099)

\$																			
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3. Penalty-5% per month with a maximum of 25%

\$																			
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4. Interest - 10% per year

\$																			
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5. Total Amount Due

\$																			
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Preparer's PTIN

Preparer's Signature

Date

