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

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Clear

Government of the District of Columbia

2015 FR-900M Employer/Payor Withholding Tax – Monthly Return

1 5 9 0 0 0 3 1 0 0 0 2

Taxpayer Identification Number

Fill in ◯ if FEIN

Fill in ◯ if SSN

Account Number

Tax Period Ending (MMYY) Due Date

Fill in ◯ if final return

OFFICIAL USE ONLY
Vendor ID#0002

Business name

Business mailing address 1

Business mailing address 2

City State Zip Code + 4

Telephone number of person to contact

1. DC income tax withheld this month on wages (W-2) $
2. DC income tax withheld this month on non-wage payments (1099) $
3. Adjustment from the previous month only Fill in circle if a minus ◯ $
4. Penalty-5% per month with a maximum of 25% $
5. Interest - 10% per year $
6. Total Amount Due $

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.

Preparer's PTIN

Taxpayer's Signature Title Date Preparer's Signature Date

DCW006M