

2016 FR-900B Employer/Payor Withholding Tax Annual Reconciliation and Report



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

Taxpayer Identification Number Fill in if FEIN Account Number Tax Period Ending (MMYY)
 Fill in if SSN Vendor ID# 0000

Business name Due Date (MMDDYY) Fill in if: amended return

Business mailing address line 1

Business mailing address line 2

City State Zip code +4

WAGE (W-2) INFORMATION

NON-WAGE (W1099) INFORMATION

1. DC income tax withheld this year	\$ <input type="text"/>	\$ <input type="text"/>	
2. Total withholding tax paid to DC this year on Forms FR-900M or FR-900Q	\$ <input type="text"/>	\$ <input type="text"/>	
3. Additional Tax Due (if Line 1 is more than Line 2)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/> TOTAL
4. Overpayment (if Line 1 is less than Line 2)	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Employer's DC Withholding Tax Reconciliation

Month	DC Taxes Withheld on Wages (W-2)	DC Taxes Withheld on Non-wage Payments (1099)	Total DC Taxes Withheld	Explanation
1	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
2	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
3	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
1st Qtr	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
4	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
5	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
6	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
2nd Qtr	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
7	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
8	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
9	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
3rd Qtr	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
10	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
11	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
12	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	
4th Qtr	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	

TOTAL WAGES from W-2s TOTAL DC TAXES WITHHELD COMBINE W-2 and 1099 AMOUNTS
 TOTAL NON-WAGE PAYMENTS from 1099s

Taxpayer's Signature _____ Title _____ Date (MMDDYYYY) _____

Contact Telephone Number

Paid Preparer's Signature _____ Date (MMDDYYYY) _____

Preparer's Identification Number (PTIN)

Firm Name _____ Address _____