

Taxpayer name _____

FEIN _____



PLEASE SIGN HERE	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 ONLY	_____ Preparer's signature (if other than taxpayer)		_____ Date
	_____ Firm name		
	_____ Firm address		

Telephone number of person to contact

Grid for telephone number: 12 empty boxes

Preparer's FEIN, SSN or PTIN

Grid for FEIN/SSN/PTIN: 12 empty boxes

Make check or money order payable to the DC Treasurer. Include your FEIN/SSN, "FR-900B" and tax year on your payment. Mail return and payment to: Office of Tax and Revenue, 941 North Capitol St NE, FI 6, Washington DC 20002-4265.



