Government of the District of Columbia

2008 FR-900M Employer Withholding Tax – Monthly Return

DCW006M

0890003100000

Taxpayer Identification Number

Fill in ◯ if FEIN

Fill in ◯ if SSN

Tax Period Ending (MMDDYYYY)

FOR OFFICIAL USE ONLY

Business name

Account Number (provided by OTR)

Fill in ◯ if Final return

Mailing address 1

1. DC income tax withheld this month

$ ___ 00

Mailing address 2

2. Adjustment to a previous month of this year. Fill in if minus. ◯

$ ___ 00

City   State   Zip Code + 4

3. Tax Due

$ ___ 00