

**2009** FR-900M Employer Withholding  
Tax — Monthly Return



Taxpayer Identification Number

Fill in if FEIN

Tax Period Ending

Fill in if SSN

Business name

Account Number (provided by OTR)

Final return indicator.

Mailing address 1

Mailing address 2

City

State

Zip Code

1. DC income tax withheld  
this month

.00

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

.00

3. Tax Due

.00