XXX	Government of the
	District of Columbia

2009 FR-900A Employer Withholding Tax – Annual Return

0 0 0	0	0 4	4 0	0 0 0

Taxpayer Identification Number	Fill in if FEIN	Fill in if Final return		0 9 9 0	0 0 1 1 0 0 OFFICIAL USE ONLY	0 2
Business name	FIII III III II 33IN					
				ax withheld this		00
Mailing address line 1			year (dollars	offiy)		
			Due Date		Account Number	
Mailing address line 2			1/20/2	2010		
					Daniel FFIN CON	I DTIN
City	State	Zip Code +4	relephone n	umber of person to contact	Preparer's FEIN, SSN	I or PIIN
Under penalties of law, I declare that,	to the best of my kno	owledge, this return is correc	t. Declaration o	f paid preparer is based on	the information available to	o the preparer.
Taxpayer's signature		Title	Date	Paid Preparer	's Signature	Date