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Government of the District of Columbia

2010 FR-900B Employer Withholding Tax Annual Reconciliation and Report

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FOR OFFICIAL USE ONLY

DCW007M

Taxpayer Identification Number

Fill in ◯ if FEIN

Fill in ◯ if SSN

Fill in ◯ if Amended return

Tax Period Ending (MMYY)

Business name

Mailing address line 1

Mailing address line 2

City

State

Zip Code + 4

Account Number

Due Date

DOLLARS ONLY

1. DC income tax withheld this year per W-2s $
2. Total withholding tax paid to DC this year on Forms FR-900M or FR-900Q $
3. Additional Tax Due (if Line 1 is more than Line 2) $
4. Overpayment (if Line 1 is less than Line 2) $

Preparer's FEIN, SSN or PTIN