Government of the District of Columbia

2010 FR-900M Employer Withholding Tax – Monthly Return

1 0 9 0 0 0 3 1 0 0 0 2

Print

Clear form

DCW006M

Taxpayer Identification Number

Fill in ( ) if FEIN

Fill in ( ) if SSN

Tax Period Ending (MMYY)

Fill in ( ) if Final return

FOR OFFICIAL USE ONLY

Business name

Mailing address 1

Mailing address 2

City

State

Zip Code + 4

Due date:

Account Number

1. DC income tax withheld this month $ .00
2. Adjustment to a previous month of this year. Fill in circle if a minus. $ .00
3. Tax Due $ .00

Telephone number of person to contact

Preparer's FEIN, SSN or PTIN

Voucher number:

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's Signature | Date