Government of the
District of Columbia

2010 FR-900M SUB Employer
Withholding Tax - Monthly Return

Instructions

- Enter your Taxpayer Identification Number.
- Mark an X in the ovals based on whether you have a FEIN or SSN and if this is a final return.
- Enter the tax period ending date (MMYY) ex: 0110
- Enter your business name and address.
- Enter Account Number information. This number was provided by OTR when the business was registered. (Missing account numbers will cause a delay in processing your return)
- Enter the amounts on Lines 1 - 3.
- Make your check or money order payable to DC Treasurer (do not send cash).
- Make sure your name and address appear on your payment.
- Write your FEIN/SSN, tax period and FR-900M on your check or money order.

Mail your payment with your tax return to:

Office of Tax and Revenue
PO Box 96385
Washington, DC 20090-6385

Notes:
- If your liability is $10,000 or more, you must file electronically. See www.taxpayerservicecenter.com for instructions.
- **For electronic filers**, in order to comply with new banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States". If the answer is yes, you will be required to pay by check or credit card. Please notify this agency if your response changes in the future. If your payment is rejected, you may be subject to the District's dishonored check fee and additional penalties and interest.

Detach at perforation before mailing

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District of Columbia

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Withholding Tax - Monthly Return

Taxpayer Identification Number	Mark if: X FEIN	Tax Period Ending
1 2 3 4 5 6 7 8 9	Mark if: X SSN	MMYY
	Mark if X final return	

1 0 9 0 0 0 6 1 0 0 0 1

OFFICIAL USE ONLY

Business Name

A B C D E F G H I J K L A B C D E F G H I J K L A B C D E F

Mailing Address Line #1

1 2 3 4 5 A B C D E F G H I J K L A B C D E F G H

Due Date   MMDDYYYY   Account Number   1 2 3 1 2 3 1 2 3 1 2 3

Mailing Address Line #2

1 2 3 4 5 A B C D E F G H I J K L A B C D E F G H

1. DC income tax withheld this month		$ 1 2 3 4 5 6 7 8 9 . 00
2. Adjustment to a previous month of this year. (Mark if minus)	x	$ 1 2 3 4 5 6 7 8 9 . 00
3. Tax due		$ 1 2 3 4 5 6 7 8 9 . 00

City   State   Zipcode + 4

A B C D E F G H I J K L A B C D E F G H   A B   1 2 3 4 5 6 7 8 9

Telephone Number of Person to Contact   1 2 3 4 5 6 7 8 9 0   Preparer's FEIN, SSN or PTIN   1 2 3 4 5 6 7 8 9

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.

_____   _____   MMDDYYYY   _____   MMDDYYYY
Taxpayer's Signature   Title   Date   Paid Preparer's Signature   Date

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