

2010 FR-900Q SUB Employer Withholding Tax - Quarterly 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-900Q on your check or money order.

Mail your payment with your tax return to:

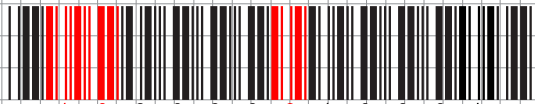
Office of Tax and Revenue
PO Box 96385
Washington, DC 20090-6385

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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Taxpayer Identification Number 1 2 3 4 5 6 7 8 9
Mark if: X FEIN
Mark if: X SSN
Business Name ABCDEFGHIJKLMNOPQRSTUVWXYZ
Mark if X final return

Mailing Address Line #1 1 2 3 4 5 ABCDEFGHIJKLMNOPQRSTUVWXYZ
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 ABCDEFGHIJKLMNOPQRSTUVWXYZ
City State Zipcode + 4 ABCDEFGHIJKLMNOPQRSTUVWXYZ AB 1 2 3 4 5 6 7 8 9
1. DC income tax withheld this quarter \$ 1 2 3 4 5 6 7 8 9 . 00
2. Adjustment to a previous quarter 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

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.

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