



FR-900B PAGE 2 **Reconciliation and Report**

Taxpayer name \_\_\_\_\_

FEIN/SSN \_\_\_\_\_



Employer's DC withholding tax reconciliation			
	Date Paid	Tax Paid	Explanation
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
Total for the year			

Telephone number of person to contact

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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

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Title

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Date

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Paid preparer's signature

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Date

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