



2011 FR-900B Employer Withholding Tax Annual Reconciliation and Report



This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

Taxpayer Identification Number

Fill in ☐ if FEIN

Tax Period Ending (MMYY)

Fill in ☐ if SSN

Fill in ☐ if Amended return

OFFICIAL USE ONLY
Vendor ID#0002

Business name

Account Number

Due Date

Business mailing address line 1

DOLLARS ONLY

Business mailing address line 2

1. DC income tax withheld
this year per W-2s/1099's

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)

City

State

Zip Code + 4

Preparer's PTIN

2011 FR-900B P1

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

Title

Date

Paid Preparer's
Signature

Date