

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 if SSN if Amended return

Tax Period Ending (MMYY)

OFFICIAL USE ONLY
Vendor ID#0002

Business name

Account Number Due Date

Business mailing address line 1

DOLLARS ONLY

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)

Business mailing address line 2

City State Zip Code + 4

Preparer's PTIN

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DCW007M

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

Taxpayer name _____

FEIN/SSN _____



DCW008M

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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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