

2011 FR-900Q Employer Withholding Tax - Quarterly Return



1 1 9 0 0 0 7 1 0 0 0 2

Important: Print in CAPITAL letters using black ink.

Taxpayer Identification Number Fill in if FEIN Tax Period Ending (MMYY) Fill in if SSN Fill in if Final return

Business name

Mailing address 1

Mailing address 2

City State Zip Code + 4

Telephone number of person to contact

Preparer's FEIN, SSN or PTIN Voucher number:

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

OFFICIAL USE ONLY Vendor ID# 000G

Account Number

Due date

1. DC income tax withheld this quarter \$ .00

2. Adjustment to a previous quarter of this year. Fill in circle if minus. \$ .00

3. Tax Due \$ .00