Print

Clear

Government of the District of Columbia

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

Fill in ◯ if SSN

Tax Period Ending (MMYY)

Fill in ◯ if Final return

OFFICIAL USE ONLY

Vendor ID# 0002

Business name

Account Number

Due date

Mailing address 1

Mailing address 2

1. DC income tax withheld this quarter $
2. Adjustment to a previous quarter of this year. Fill in circle if minus. ◯ $
3. Tax Due $

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