

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



Government of the  
District of Columbia

# 2012 FR-900M Employer/Payor Withholding Tax – Monthly Return



1 2 9 0 0 0 3 1 0 0 0 2

OFFICIAL USE ONLY  
Vendor ID#0002

Account Number

Taxpayer Identification Number

Fill in  if FEIN

Tax Period Ending (MMYY)

Fill in  if SSN

Fill in  if Final return

Business name

Business mailing address 1

Business mailing address 2

City

State

Zip Code + 4

Telephone number of person to contact

Due date:

1. DC income tax withheld this month

2. Adjustment to a previous month of this year. Fill in circle if a minus.

3. Tax Due

Preparer's PTIN

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

2012 FR-900M

DCW006M