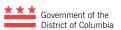
This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.



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



Taxpayer Identification Number	Fill in if FEIN	Tax Period Ending (MMYY)	•		
	Fill in if SSN		Fill in if Final return	OFFICIAL USE ONLY Vendor ID#0002	
Business name				Vendor ID#0002	
				Account Number	
Business mailing address 1 Due date:					
			DC income ta withheld this		
Business mailing address 2			2 Adjustment to	2. Adjustment to a	
			previous mor of this year. F	nth _ \$	
City		State Zip Code + 4	in circle if a r		
			3. Tax Due		
Telephone number of person to cont	act		Preparer's PTIN	N	
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	