



2013 FR-900B Employer/Payor Withholding Tax Annual Reconciliation and Report



Important: Print in CAPITAL letters using black ink.

Taxpayer Identification Number

Fill in

if FEIN

Account Number

Tax Period Ending (MMYY)

Business name

Fill in

if SSN

Due Date

Fill in ☐ if amended return

OFFICIAL USE ONLY

Vendor ID# 0002

Business mailing address line 1

Business mailing address line 2

City

State

Zip Code + 4

W-2 Information

1099 Information

Total

1. DC income tax withheld
this year

\$

\$

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)

\$

\$

\$

Taxpayer name

FEIN/SSN

Reconciliation and Report

Employer's DC withholding tax reconciliation

	Date paid	DC taxes withheld on W-2's	DC taxes withheld on 1099's	Total DC taxes withheld	Explanation
1					
2					
3					
1st Quarter					
4					
5					
6					
2nd Quarter					
7					
8					
9					
3rd Quarter					
10					
11					
12					
4th Quarter					
Total W-2 Forms					
Total 1099 Forms					



Telephone number of person to contact

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

Preparer's PTIN

Date

DCW009B