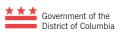
This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.



2013 FR-900M Employer/Payor Withholding Tax – Monthly Return •



Taxpayer Identification Number	Fill in	if FEIN	Account Number		
Business name	Fill in	if SSN			Tax Period Ending (MMYY) Fill in if final return Vendor ID#0002
Business mailing address 1					Due Date: Fill in if non-wage
Business mailing address 2					DC income tax withheld this month per W2's/1099's
g					Adjustment to a previous month of this year. Fill
City			State Zip Code + 4		in circle if a minus.
					3. Tax Due
Telephone number of person to contact					
Under penalties of law, I declare that, to the best of my knowledge, this return is correct.					Preparer's PTIN
Declaration of paid preparer is based on the information available to the preparer.					
Taxpayer's signature		Т	ïtle	Date	Paid Preparer's Signature Date