



2013 FR-900Q Employer/Payor Withholding Tax – Quarterly Return



1 3 9 0 0 0 7 1 0 0 0 2



Taxpayer Identification Number Fill in if FEIN Account Number
Fill in if SSN

Business name

Business mailing address 1

Business mailing address 2

City

State

Zip Code + 4

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.

Tax Period Ending (MMYY)

Fill in if final return

Fill in if non-wage

OFFICIAL USE ONLY
Vendor ID#0002

Due Date:

1. DC income tax withheld
this quarter per W2's/1099's

\$

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

\$

3. Tax Due

\$

Preparer's PTIN

Taxpayer's signature

Title

Date

Paid Preparer's Signature

Date



DCW006Q