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

Print

Clear

Government of the District of Columbia

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

Fill in ◯ if SSN

Account Number

Business name

Business mailing address 1

Business mailing address 2

City

State

Zip Code + 4

Telephone number of person to contact

Tax Period Ending (MMYY) 0313

Due Date: 04202013

Fill in ◯ if final return

Fill in ◯ if non-wage

OFFICIAL USE ONLY

Vendor ID#0002

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 $

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.

Preparer's PTIN

Taxpayer's signature

Title

Date

Paid Preparer's Signature

Date

DCW006Q