

Government of the District of Columbia

2014 FR-900B SUB Employer/Payor

Withholding Tax - Annual Reconciliation and Report



1 4 9 0 0 0 5 1 0 0 0 1 SOFTWARE DEVELOPER USE ONLY VENDOR ID# 1234

TAXPAYER IDENTIFICATION NUMBER 123456789 MARK IF X FEIN ACCOUNT NUMBER 123456789000 MARK IF X SSN

TAX PERIOD ENDING (MMYY) MMY

BUSINESS NAME ABCDEFGHIJKLMNOPQRSTUVWXYZ

DUE DATE 01312015 MARK IF X AMENDED RETURN

BUSINESS MAILING ADDRESS LINE #1 12345678901234567890

BUSINESS MAILING ADDRESS LINE #2 12345678901234567890

CITY ABCDEFGHIJKLMNOPQRSTUVWXYZ STATE AB ZIPCODE + 4 123456789

Table with 4 columns: Description, WAGE (W-2) INFORMATION, NON-WAGE (1099) INFORMATION, TOTAL. Rows include DC Income Tax Withheld, Total Withholding Tax Paid, Additional Tax Due, and Overpayment.

EMPLOYER'S DC WITHHOLDING TAX RECONCILIATION

Table with 5 columns: DATE PAID, DC TAXES WITHHELD ON WAGES (W-2), DC TAXES WITHHELD ON NON-WAGE PAYMENTS (1099), TOTAL DC TAXES WITHHELD, EXPLANATION. Rows list quarterly payments from 02/20/14 to 01/20/15.

Under penalties of law, I declare that, to the best of my knowledge, this return is correct. Declaration of paid preparer is based on all the information available to the preparer.

PLEASE SIGN HERE TAXPAYER'S SIGNATURE TITLE MMDYYYYY DATE Telephone Number of Person to Contact 1234567890

PAID PREPARER ONLY PREPARER'S SIGNATURE (If other than taxpayer) DATE MMDYYYYY Preparer's Tax Identification Number 123456789

FIRM NAME FIRM ADDRESS

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Make check or money order payable to the DC Treasurer. Include your FEIN or SSN, "FR-900B" and the tax year on your payment. This return is due January 31, 2015 or within thirty (30) days of your final payroll. Mail this return with payment separately from your monthly or quarterly return to: DC Office of Tax and Revenue, PO Box 96385 Washington, DC 20090-6385.