



Government of the
District of Columbia

2015

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



1 5 9 0 0 0 2 1 0 0 0 2

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

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

Wage (W-2) Information

Non-Wage (1099) Information

1. DC income tax withheld
this year

\$

\$

Preparer's PTIN

2. Total withholding tax
paid to DC this year on
Forms FR-900M or FR-900Q

\$

\$

Total

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



1 5 9 0 0 0 2 2 0 0 0 2

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 _____

Date _____

DCW009B

	Date paid	DC taxes withheld on wages (W-2)	DC taxes withheld on non-wage payments (1099)	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 Wages (W-2)					
Total Non-Wage Payments (1099)					