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

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Government of the District of Columbia

2015 FR-900M Employer/Payor Withholding Tax – Monthly Return

1 5 9 0 0 0 3 1 0 0 0 0 2

DCW006M

Taxpayer Identification Number

Fill in ◯ if FEIN

Fill in ◯ if SSN

Account Number

Tax Period Ending (MMYY)

Due Date

Fill in ◯ if final return

OFFICIAL USE ONLY
Vendor ID#0002

Business name

Business mailing address 1

Business mailing address 2

City

State

Zip Code + 4

Telephone number of person to contact

1. DC income tax withheld this month on wages (W-2)	$	
2. DC income tax withheld this month on non-wage payments (1099)	$	
3. Adjustment from the previous month only Fill in circle if a minus ◯		
4. Penalty-5% per month with a maximum of 25%	$	
5. Interest - 10% per year	$	
6. Total Amount 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 | Preparer's Signature | Date