





Enter DC withholding information below. Attach W-2's and/or 1099's to Form D-40 or D-40EZ

THIS FORM MUST BE FILED IN ORDER TO RECEIVE CREDIT FOR TAX WITHHELD

Important: Print in CAPITAL letters using black ink.		OFFICIAL USE ONLY Vendor ID#0000
Primary last name shown on Form D-40 or D-40EZ	Social Secur	
1 A - Employer or Payor Information	B - Employee or Taxpayer Information	C - DC Tax Withheld
Employer ID or Payor ID from W-2 or 1099 Employer or Payor Name	Name Social Security Number	DC Withholding from Box #17 of W-2 or the appropriate box from 1099
Employer of Payor Name	Social Security Number	Check the appropriate box
Address	Income Subject to DC Withholding	W-2 1099
City	from Box #1 of W-2 or the appropriate box from 1099	Enter State Abbreviation from Box #15 of W-2 or the appropriate box from 1099
State Zip Code + 4		Enter DC Withholding Only
2 A - Employer or Payor Information	B - Employee or Taxpayer Information	C - DC Tax Withheld
Employer ID or Payor ID from W-2 or 1099	Name	DC Withholding from Box #17 of W-2 or the appropriate box from 1099
Employer or Payor Name	Social Security Number	Check the appropriate box
Address	Income Subject to DC Withholding	W-2 1099
City State Zip Code + 4	from Box #1 of W-2 or the appropriate box from 1099	Enter State Abbreviation from Box #15 of W-2 or the appropriate box from 1099
		Enter DC Withholding Only
3 A - Employer or Payor Information	B - Employee or Taxpayer Information	
Employer ID or Payor ID from W-2 or 1099	Name	DC Withholding from Box #17 of W-2 or the appropriate box from 1099
Employer or Payor Name	Social Security Number	Check the appropriate box
Address	Income Subject to DC Withholding	W-2 1099
City	from Box #1 of W-2 or the appropriate box from 1099	Enter State Abbreviation from Box #15 of W-2 or the
State Zip Code + 4		appropriate box from 1099 Enter DC Withholding Only
Total DC tax withheld from col	lumn C above	\$
If you have DC withholding on multiple pa and enter the GRAND total on Form D-40E		

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Last name and SSN



4 A - Employer or Payor Information	B - Employee or Taxpayer Information	C - DC Tax Withheld
Employer ID or Payor ID from W-2 or 1099	Name	DC Withholding from Box #17 of W-2 or the appropriate box from 1099
Employer or Payor Name	Social Security Number	Check the appropriate box
Address	Income Subject to DC Withholding 00	W-2 1099
City	from Box #1 of W-2 or the appropriate box from 1099	Enter State Abbreviation from Box #15 of W-2 or the
State Zip Code + 4		appropriate box from 1099 Enter DC Withholding Only
5 A - Employer or Payor Information	B - Employee or Taxpayer Information	C - DC Tax Withheld
Employer ID or Payor ID from W-2 or 1099	Name	DC Withholding from Box #17 of W-2 or the appropriate box from 1099
Employer or Payor Name	Social Security Number	Check the appropriate box
Address	Income Subject to DC Withholding 00	W-2 1099
City	from Box #1 of W-2 or the appropriate box from 1099	Enter State Abbreviation from Box #15 of W-2 or the
State Zip Code + 4		appropriate box from 1099 Enter DC Withholding Only
6 A - Employer or Payor Information	B - Employee or Taxpayer Information	C - DC Tax Withheld
Employer ID or Payor ID from W-2 or 1099	Name	DC Withholding from Box #17 of W-2 or the appropriate box from 1099
Employer or Payor Name	Social Security Number	Check the appropriate box
Address	Income Subject to DC Withholding	W-2 1099
City	from Box #1 of W-2 or the appropriate box from 1099	Enter State Abbreviation from Box #15 of W-2 or the
State Zip Code + 4		appropriate box from 1099 Enter DC Withholding Only
	1	Enter DC withholding Only
Total DC tax withheld from col	umn C above	.00
If you have DC withholding on multiple pagand enter the GRAND total on Form D-40E		
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Revised 06/2016 File order 4a