



Government of the  
District of Columbia

# 2016 FR-900A Employer/Payor Withholding Tax – Annual Return



1 6 9 0 0 0 1 1 0 0 0 0

Important: Print in CAPITAL letters using black ink.

Taxpayer Identification Number

Fill in ☐ if FEIN

Account Number

Fill in ☐ if SSN

Business name

Business mailing address 1

Business mailing address 2

City

State

Zip Code + 4

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.

Tax Period Ending (MMYY)

Fill in ☐ if final return

Due Date

Fill in ☐ if amended return

OFFICIAL USE ONLY  
Vendor ID#0000

1. DC income tax withheld this year on wages (W-2)
2. DC income tax withheld this year on non-wage payments (1099)
3. Penalty-5% per month with a maximum of 25%
4. Interest - 10% per year
5. Total Amount Due

Preparer's PTIN

Taxpayer's Signature

Title

Date

Preparer's Signature

Date \_\_\_\_\_

2016 FR-900A

DCW006A