Government of the District of Columbia

2016 FR-900B Employer/Payor Withholding Tax Annual Reconciliation and Report

1 6 9 0 0 0 0 2 1 0 0 0 0 0

Taxpayer Identification Number Fill in ○ if FEIN Fill in ○ if SSN

Account Number

Tax Period Ending (MMYY)

Vendor ID# 0000

Business name

Due Date (MMDDYY)

Fill in if: ○ amended return

Business mailing address line 1

Business mailing address line 2

City State Zip code +4

	WAGE (W-2) INFORMATION	NON-WAGE (W1099) INFORMATION	TOTAL
1. DC income tax withheld this year	$.	$.	
2. Total withholding tax paid to DC this year on Forms FR-900M or FR-900Q	$.	$.	
3. Additional Tax Due (if Line 1 is more than Line 2)	$.	$.	$.
4. Overpayment (if Line 1 is less than Line 2)	$.	$.	$.

Employer's DC Withholding Tax Reconciliation

	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 Qtr		$	$	$	
4		$	$	$	
5		$	$	$	
6		$	$	$	
2nd Qtr		$	$	$	
7		$	$	$	
8		$	$	$	
9		$	$	$	
3rd Qtr		$	$	$	
10		$	$	$	
11		$	$	$	
12		$	$	$	
4th Qtr		$	$	$	

TOTAL WAGES from W-2s $

TOTAL NON-WAGE PAYMENTS from 1099s $ $

TOTAL DC TAXES WITHHELD COMBINE W-2 and 1099 AMOUNTS

Taxpayer's Signature Title Date (MMDDYYYY)

Contact Telephone Number

Paid Preparer's Signature Date (MMDDYYYY)

Preparer's Identification Number (PTIN)

Firm Name_____Address_____

Under penalties of perjury, I declare that the designated agent has authorized me to sign on behalf of all members of the combined group, and that I have examined this form and the information contained herein is, to the best of my knowledge and belief, correct and complete.

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, 2017 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.