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

Government of the District of Columbia

2016 FR-900Q Employer/Payor Withholding Tax – Quarterly Return

1 6 9 0 0 0 7 1 0 0 0 2

Print

Clear

DCW006Q

Taxpayer Identification Number

Fill in ◯ if FEIN

Fill in ◯ if SSN

Account Number

Business name

Business mailing address 1

Business mailing address 2

City | State | Zip Code + 4

Telephone number of person to contact

Tax Period Ending (MMYY) | Due Date

Fill in ◯ if final return

OFFICIAL USE ONLY
Vendor ID#0002

1. DC income tax withheld this quarter on wages (W-2)	$
2. DC income tax withheld this quarter on non-wage payments (1099)	$
3. Adjustment from the previous quarter 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