

2017 FR-900A Employer/Payor Withholding Tax - Annual Return



Important: Print in CAPITAL letters using black ink.

Federal Employer Identification Number	Account Number		OFFICIAL USE ONLY Vendor ID#0000
Name (not your trade name)		Tax Period Endi	Fill in if Amended Return Fill in if Final Return
Business mailing address #1			
Business mailing address #2			
City		State Zip Cod	e + 4
1 DC Income Tax Withheld this y	ear on wages	1 \$	
2 Total payments		2 \$	
3 Balance Due		3 \$	
4 Overpayment		4 \$	
Fill in only one: Credit carry for Credi	re that I have examined this return and, to the	e best of my knowledge, it is correct	:. Declaration of paid preparer is based on
Sign your name	Print your name	Date	Daytime telephone number
Preparer's signature	Preparer's name	Date P	Preparer's Tax Identification Number (PTIN)
orty designee To authorize another person	to discuss this return with OTR fill in he	re and enter the name and	phone number of that person. See instructions
Designee's name	to discuss this return with Orth, fill lift he	Phone number	priorie number of that person. See instructions