



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

Federal Employer Identification Number	Account Number	OFFICIAL USE ONLY Vendor ID#0002
<input type="text"/>	<input type="text"/>	
Name (not your trade name)	Tax Period Ending (MMYY)	
<input type="text"/>	<input type="text"/> <input type="text"/>	
Business mailing address #1		
<input type="text"/>		
Business mailing address #2		
<input type="text"/>		
City	State	Zip Code + 4
<input type="text"/>	<input type="text"/>	<input type="text"/>

1	DC Income Tax Withheld this year on wages.....	1	\$	<input type="text"/>
2	Total payments.....	2	\$	<input type="text"/>
3	Balance Due	3	\$	<input type="text"/>
4	Overpayment	4	\$	<input type="text"/>

Fill in only one: Credit carry forward Send a refund

Sign Here Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on information available to the preparer.

Sign your name	Print your name	Date	Daytime telephone number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Preparer's signature	Preparer's name	Date	Preparer's Tax Identification Number (PTIN)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions.

Designee's name Phone number