



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"/>   |  |
| Business mailing address #1            |  |                      |  | Fill in <input type="radio"/> if Amended Return<br>Report for this Quarter of 2017   |  |
| <input type="text"/>                   |  |                      |  | <input type="radio"/> 1. January, February, March<br><input type="radio"/> 2. April, May, June<br><input type="radio"/> 3. July, August, September<br><input type="radio"/> 4. October, November, December |  |
| Business mailing address #2            |  |                      |  |  |  |
| <input type="text"/>                   |  |                      |  |  |  |
| City                                   |  | State                |  | Zip Code + 4   |  |
| <input type="text"/>                   |  | <input type="text"/> |  | <input type="text"/>   |  |

**PART 1: DC Withholding Quarterly Return**

|   |  |   |    |                      |
|---|--|---|----|----------------------|
| 1 | DC Income Tax Withheld from wages, tips and other compensation.....  | 1 | \$ | <input type="text"/> |
|   | If monthly, complete the amount withheld for each month:   |   |    |                      |
|   | Month 1 \$   |   |    | <input type="text"/> |
|   | Month 2 \$   |   |    | <input type="text"/> |
|   | Month 3 \$   |   |    | <input type="text"/> |
| 2 | Total withholding payments for this quarter, including overpayment applied from prior quarters.....          | 2 | \$ | <input type="text"/> |
| 3 | <b>Balance Due:</b> If Line 1 is greater than Line 2, subtract Line 2 from Line 1 and enter amount here..... | 3 | \$ | <input type="text"/> |
| 4 | <b>Overpayment:</b> If Line 2 is greater than Line 1, subtract Line 1 from Line 2 and enter amount here..... | 4 | \$ | <input type="text"/> |
|   | Fill in only one: <input type="radio"/> Credit carry forward <input type="radio"/> Send a refund             |   |    |                      |

**PART 2: If your business has closed or you stopped paying wages, complete this part.**

If your business has closed or you stopped paying wages, fill in here ☐ and enter the final date you paid wages   
(MMDDYYYY)

**PART 3: 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