



Enter DC withholding information below.
Attach W-2's and/or 1099's to Form D-40 or D-40EZ

THIS FORM MUST BE FILED IN ORDER TO RECEIVE CREDIT FOR TAX WITHHELD

Important: Print in CAPITAL letters using black ink.

OFFICIAL USE ONLY
Vendor ID#0002

Primary last name shown on Form D-40 or D-40EZ	Taxpayer Identification Number (TIN)
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1 A - Employer or Payor Information	B - Employee or Taxpayer Information	C - DC Tax Withheld
Employer ID or Payor ID from W-2 or 1099 <input type="text"/> Employer or Payor Name <input type="text"/> Address <input type="text"/> City <input type="text"/> State Zip Code + 4 <input type="text"/>	Name <input type="text"/> Taxpayer Identification Number <input type="text"/> Income Subject to DC Withholding \$ <input type="text"/> 00 from Box #1 of W-2 or the appropriate box from 1099	DC Withholding from Box #17 of W-2 or the appropriate box from 1099 \$ <input type="text"/> 00 Check the appropriate box <input type="checkbox"/> W-2 <input type="checkbox"/> 1099 Enter State Abbreviation <input type="text"/> from Box #15 of W-2 or the appropriate box from 1099 <p style="text-align:center">Enter DC Withholding Only</p>
Employer ID or Payor ID from W-2 or 1099 <input type="text"/> Employer or Payor Name <input type="text"/> Address <input type="text"/> City <input type="text"/> State Zip Code + 4 <input type="text"/>	Name <input type="text"/> Taxpayer Identification Number <input type="text"/> Income Subject to DC Withholding \$ <input type="text"/> 00 from Box #1 of W-2 or the appropriate box from 1099	DC Withholding from Box #17 of W-2 or the appropriate box from 1099 \$ <input type="text"/> 00 Check the appropriate box <input type="checkbox"/> W-2 <input type="checkbox"/> 1099 Enter State Abbreviation <input type="text"/> from Box #15 of W-2 or the appropriate box from 1099 <p style="text-align:center">Enter DC Withholding Only</p>
Employer ID or Payor ID from W-2 or 1099 <input type="text"/> Employer or Payor Name <input type="text"/> Address <input type="text"/> City <input type="text"/> State Zip Code + 4 <input type="text"/>	Name <input type="text"/> Taxpayer Identification Number <input type="text"/> Income Subject to DC Withholding \$ <input type="text"/> 00 from Box #1 of W-2 or the appropriate box from 1099	DC Withholding from Box #17 of W-2 or the appropriate box from 1099 \$ <input type="text"/> 00 Check the appropriate box <input type="checkbox"/> W-2 <input type="checkbox"/> 1099 Enter State Abbreviation <input type="text"/> from Box #15 of W-2 or the appropriate box from 1099 <p style="text-align:center">Enter DC Withholding Only</p>

Total DC tax withheld from column C above..... \$ **00**

If you have DC withholding on multiple pages, add the totals together and enter the GRAND total on Form D-40EZ, Line 9 or D-40, Line 26.



Last name and TIN

4	A - Employer or Payor Information	B - Employee or Taxpayer Information	C - DC Tax Withheld
	Employer ID or Payor ID from W-2 or 1099 <input type="text"/> Employer or Payor Name <input type="text"/> Address <input type="text"/> City <input type="text"/> State Zip Code + 4 <input type="text"/>	Name <input type="text"/> Taxpayer Identification Number <input type="text"/> Income Subject to DC Withholding \$ <input type="text"/> 00 from Box #1 of W-2 or the appropriate box from 1099	DC Withholding from Box #17 of W-2 or the appropriate box from 1099 \$ <input type="text"/> 00 Check the appropriate box <input type="checkbox"/> W-2 <input type="checkbox"/> 1099 Enter State Abbreviation <input type="text"/> from Box #15 of W-2 or the appropriate box from 1099 Enter DC Withholding Only

5	A - Employer or Payor Information	B - Employee or Taxpayer Information	C - DC Tax Withheld
	Employer ID or Payor ID from W-2 or 1099 <input type="text"/> Employer or Payor Name <input type="text"/> Address <input type="text"/> City <input type="text"/> State Zip Code + 4 <input type="text"/>	Name <input type="text"/> Taxpayer Identification Number <input type="text"/> Income Subject to DC Withholding \$ <input type="text"/> 00 from Box #1 of W-2 or the appropriate box from 1099	DC Withholding from Box #17 of W-2 or the appropriate box from 1099 \$ <input type="text"/> 00 Check the appropriate box <input type="checkbox"/> W-2 <input type="checkbox"/> 1099 Enter State Abbreviation <input type="text"/> from Box #15 of W-2 or the appropriate box from 1099 Enter DC Withholding Only

6	A - Employer or Payor Information	B - Employee or Taxpayer Information	C - DC Tax Withheld
	Employer ID or Payor ID from W-2 or 1099 <input type="text"/> Employer or Payor Name <input type="text"/> Address <input type="text"/> City <input type="text"/> State Zip Code + 4 <input type="text"/>	Name <input type="text"/> Taxpayer Identification Number <input type="text"/> Income Subject to DC Withholding \$ <input type="text"/> 00 from Box #1 of W-2 or the appropriate box from 1099	DC Withholding from Box #17 of W-2 or the appropriate box from 1099 \$ <input type="text"/> 00 Check the appropriate box <input type="checkbox"/> W-2 <input type="checkbox"/> 1099 Enter State Abbreviation <input type="text"/> from Box #15 of W-2 or the appropriate box from 1099 Enter DC Withholding Only

Total DC tax withheld from column C above..... \$ **00**

If you have DC withholding on multiple pages, add the totals together and enter the GRAND total on Form D-40EZ, Line 9 or D-40, Line 26.