



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

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#0000

Primary last name shown on Form D-40	Taxpayer Identification Number (TIN)
<input type="text"/>	<input type="text"/>

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-40, Line 33.



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-40, Line 33.