



Important: Print in CAPITAL letters using black ink.

OFFICIAL USE ONLY Vendor ID#0002

Federal Employer Identification Number

Account Number

Name (not your trade name)

Tax period ending (MMYY)

Fill in if Amended Return

Fill in If you do not have to file returns in the future.

Enter date when final payments were made. (MMDDYYYY)

Business mailing address #1

Business mailing address #2

City

State

Zip Code + 4

1	DC Income Tax Withheld this year on non-wage payments (1099/W-2G).....	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

5 Monthly Summary of amounts withheld.

Tax withheld for each month

Tax withheld for each month

A	January... \$	<input type="text"/>	G	July..... \$	<input type="text"/>
B	February.. \$	<input type="text"/>	H	August..... \$	<input type="text"/>
C	March..... \$	<input type="text"/>	I	September. \$	<input type="text"/>
D	April..... \$	<input type="text"/>	J	October..... \$	<input type="text"/>
E	May..... \$	<input type="text"/>	K	November.. \$	<input type="text"/>
F	June..... \$	<input type="text"/>	L	December.. \$	<input type="text"/>

M Tax withheld for year (add Lines A through L)..... \$

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