



Important: Print in CAPITAL letters using black ink.

Federal Employer Identification Number

Account Number

OFFICIAL USE ONLY Vendor ID#0002

Fill in  if Amended Return

Name (not your trade name)

Tax period ending (MMYY)

Report for this Quarter of 2019

- 1. January, February, March
- 2. April, May, June
- 3. July, August, September
- 4. October, November, December

Business mailing address #1

Business mailing address #2

City

State

Zip Code + 4

**PART 1: DC Withholding Quarterly Return**

- 1 DC Income Tax Withheld from wages, tips and other compensation..... 1 \$
- If monthly, complete the amount withheld for each month:
- Month 1 \$
- Month 2 \$
- Month 3 \$
- 2 Total withholding payments for this quarter, including overpayment applied from prior quarters..... 2 \$
- 3 **Balance Due:** If Line 1 is greater than Line 2, subtract Line 2 from Line 1 and enter amount here..... 3 \$
- 4 **Overpayment:** If Line 2 is greater than Line 1, subtract Line 1 from Line 2 and enter amount here..... 4 \$
- Fill in only one:  Credit carry forward  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 <input type="text"/>	Print your name <input type="text"/>	Date <input type="text"/>	Daytime telephone number <input type="text"/>
Preparer's signature <input type="text"/>	Preparer's name <input type="text"/>	Date <input type="text"/>	Preparer's Tax Identification Number (PTIN) <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