



Important: Print in CAPITAL letters using black ink.

Federal Employer Identification Number

Account Number

OFFICIAL USE ONLY Vendor ID#0000

Fill in if Amended Return

Fill in if Final Return

Name (not your trade name)

Tax Period Ending (MMYY)

Business mailing address #1

Business mailing address #2

City

State

Zip Code + 4

1	DC Income Tax Withheld this year on wages.....	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

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

Preparer's signature

Preparer's name

Date

Preparer's Tax Identification Number (PTIN)

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