Government of the District of Columbia Nortant: Print in CAPITAL ers using black ink.	for Withho	-900NP Annual F Iding Reported on 99 and/or W-2G		2 0	9 0 0 N P	
<ol> <li>2 Total payments</li> <li>3 Balance Due</li> <li>4 Overpayment</li> </ol>	nheld this year o	Account Number		G) 1 G) 2 G 3 G 4	interface       OFFIC         interface       Interface         interface	IAL USE ONLY Vendor ID#0000 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)
Fill in only one:         5       Monthly Summary of         A       January\$         B       February\$         C       March\$         D       April\$         E       May\$         F       June\$	f amounts withh			July August September. October November December	Tax with         Image: Strate strat	held for each month
	of law, I declare tha ilable to the preparer	t I have examined this return a Print your name Preparer's name	and, to the bes	t of my knowledg Date Date	Daytime te	of paid preparer is based on lephone number ax Identification Number (PTIN)
Third party designee <i>To authorn</i> Designee's name	ize another person	to discuss this return with C	DTR, fill in her		the name and phone nu	mber of that person. See instructions.