

FR-900P PAYMENT VOUCHER
See instructions on back

Detach at perforation and mail the voucher, with payment attached. See mailing address on back.



2020 FR-900P Payment Voucher
for Withholding Tax



2 0 9 0 0 P 1 1 0 0 0 2

This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.

Official Use Only Vendor ID# 0002

Amount of payment \$

Fill in ☐ if non-wage

Federal Employer Identification Number

Account Number

Payment for Tax Period:

- ☐ 1. Quarterly: January, February, March
☐ 2. Quarterly: April, May, June
☐ 3. Quarterly: July, August, September
☐ 4. Quarterly: October, November, December
☐ 5. Annual: January through December

Name (not your trade name)

Business mailing address #1

Business mailing address #2

City

State

Zip Code + 4

Revised 07/19



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