FR-900P PAYMENT VOUCHER See instructions on back

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

* *		FR-900P Payment Voucher for Withholding Tax rite any data on this form other than your signature.	
l	PRINCIPLE OF THE PRINCI		Official Use Only Vendor ID# 0002
ORDS	Amount of payment \$		Fill in if non-wage
	Federal Employer Identification Number	Account Number	Payment for Tax Period:
	Name (not your trade name)		1. Quarterly: January, February, March
KEEP FOR YOUR RECORDS			2. Quarterly: April, May, June 3. Quarterly: July, August, September
/our	Business mailing address #1		4. Quarterly: October, November, December
FOR			5. Annual: January through December
KEEP	Business mailing address #2		
_			
l I	City		State Zip Code + 4
l			
	Revised 07/19 *** Government of the District of Columbia	FR-900P Payment Voucher for Withholding Tax	
 _	Government of the District of Columbia 2020		2 0 9 0 0 P 1 1 0 0 0 2 Official Use Only, Vendor ID# 0002
 *	Government of the District of Columbia 2020	for Withholding Tax	2 0 9 0 P 1 1 0 0 0 2 Official Use Only Vendor ID# 0002
<u></u>	Government of the District of Columbia 2020 This is a FILL-IN format. Please do not handw	for Withholding Tax	Fill in if non-wage
	Government of the District of Columbia This is a FILL-IN format. Please do not handw Amount of payment Federal Employer Identification Number	for Withholding Tax write any data on this form other than your signature.	Fill in if non-wage Payment for Tax Period:
	Government of the District of Columbia This is a FILL-IN format. Please do not handw Amount of payment	for Withholding Tax write any data on this form other than your signature.	Fill in if non-wage
	Government of the District of Columbia This is a FILL-IN format. Please do not handw Amount of payment Federal Employer Identification Number Name (not your trade name)	for Withholding Tax write any data on this form other than your signature.	Fill in if non-wage Payment for Tax Period: 1. Quarterly: January, February, March 2. Quarterly: April, May, June 3. Quarterly: July, August, September
	Government of the District of Columbia This is a FILL-IN format. Please do not handw Amount of payment Federal Employer Identification Number	for Withholding Tax write any data on this form other than your signature.	Fill in if non-wage Payment for Tax Period: 1. Quarterly: January, February, March 2. Quarterly: April, May, June 3. Quarterly: July, August, September 4. Quarterly: October, November, December
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FOR YOUR RECORDS	Government of the District of Columbia This is a FILL-IN format. Please do not handw Amount of payment Federal Employer Identification Number Name (not your trade name) Business mailing address #1 Business mailing address #2	for Withholding Tax write any data on this form other than your signature.	Fill in if non-wage 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

Revised 07/19