

2020 FR-900Q Employer/Payor
Withholding Tax - Quarterly Return



2 0 9 0 0 Q 7 1 0 0 0 2

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

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 2020

- ☐ 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

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