



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

Name (not your trade name)

Tax period ending (MMYY)

Fill in ☐ if Amended Return

Fill in ☐ if Final Return

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	<b>Balance Due</b> .....	3	\$	<input type="text"/>
4	<b>Overpayment</b> .....	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

