### Government of the District of Columbia

**2021 FR-900NP Annual Return for Withholding Reported on Forms 1099 and/or W-2G**

**Federal Employer Identification Number**

**Account Number**

**Name (not your trade name)**

**Business mailing address #1**

**Business mailing address #2**

**City**

**State**

**Zip Code + 4**

**Signer’s Information**

**Account Number**

**1 DC Income Tax Withheld this year on non-wage payments (1099/W-2G),...........**

**2 Total payments.................................................................**

**3 Balance Due...........................................................................**

**4 Overpayment...........................................................................**

**5 Monthly Summary of amounts withheld.**

<table>
<thead>
<tr>
<th>Month</th>
<th>Amount</th>
<th>Month</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>January</td>
<td>$</td>
<td>July</td>
<td>$</td>
</tr>
<tr>
<td>February</td>
<td>$</td>
<td>August</td>
<td>$</td>
</tr>
<tr>
<td>March</td>
<td>$</td>
<td>September</td>
<td>$</td>
</tr>
<tr>
<td>April</td>
<td>$</td>
<td>October</td>
<td>$</td>
</tr>
<tr>
<td>May</td>
<td>$</td>
<td>November</td>
<td>$</td>
</tr>
<tr>
<td>June</td>
<td>$</td>
<td>December</td>
<td>$</td>
</tr>
</tbody>
</table>

**M Tax withheld for year (add Lines A through L)...................**

**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**