



Important: Print in CAPITAL letters using black ink.

Federal Employer Identification Number

Account Number

Grid for Federal Employer Identification Number

Grid for 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

Grid for Name

Grid for Tax period ending

Business mailing address #1

Grid for Business mailing address #1

Business mailing address #2

Grid for Business mailing address #2

City

State

Zip Code + 4

Grid for City, State, and Zip Code

Email Address

Grid for Email Address

1	DC Income Tax Withheld this year on wages.....	1	\$	Grid
2	Total payments.....	2	\$	Grid
3	Balance Due	3	\$	Grid
4	Overpayment	4	\$	Grid

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

Signature line

Printed name line

Date line

Daytime telephone number grid

Preparer's signature

Preparer's name

Date

Preparer's Tax Identification Number (PTIN)

Preparer's signature line

Preparer's name line

Preparer's date line

Preparer's PTIN grid

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

Designee's name grid

Phone number

Phone number grid