Government of the
District of Columbia

2012 FR-900A SUB Employer/Payor
Withholding Tax – Annual Return

Instructions

- Enter your Taxpayer Identification Number.
- Mark an X in the ovals based on whether you have a FEIN or SSN and if this is a final or amended return.
- Enter your business name and address.
- Enter dollars and cents.
- Enter Account Number information. This number was provided by OTR when the business was registered. (Missing account numbers will cause a delay in processing your return)
- Make your check or money order payable to DC Treasurer (do not send cash);
- Make sure your name and address appear on your payment;
- Write your FEIN/SSN, **2012** and FR-900A on your check or money order;
- Mail your payment with your tax return to:

Office of Tax and Revenue
PO Box 96385
Washington, DC 20090-6385

Notes:
- If your liability is greater than $5,000, you must file and pay electronically. Visit www.taxpayerservicecenter.com for instructions.
- **For electronic filers**, in order to comply with new banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States". If the answer is yes, you will be required to pay by check or credit card. Please notify this agency if your response changes in the future.

Detach at perforation before mailing

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District of Columbia

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1 2 9 0 0 0 4 1 0 0 0 1

Taxpayer Identification Number   Mark if **X**   FEIN   Account Number
123456789   Mark if **X**   SSN   **123123123123**

SOFTWARE DEVELOPER USE ONLY

Business name   Due Date   Mark if **X**   final return   VENDOR ID# 1234
ABCDEFGHIJKLABCDEFGHIJKLABCDEF   **01202013** Mark if **X**   amended return
                                                                     Mark if **X**   non-wage

Mailing Address Line #1
12345ABCDEFGHIJKLABCDEFGHIJKLA123456

Mailing Address Line #2
12345ABCDEFGHIJKLABCDEFGHIJKLA123456   DC Income tax withheld this
                                                       year per W-2's/1099's $123456789.99

City   State   Zipcode + 4   Telephone Number of Person to Contact   Preparer's PTIN
ABCDEFGHIJKLABCDEFGH   AB   123456789   1234567890   123456789

Under penalties of law, I declare that, to the best of my knowledge, this return is correct. Declaration of paid preparer is based on the information available to the preparer.

_____ _____ MMDDYYYY   _____ MMDDYYYY
Taxpayer's Signature   Title   Date   Paid Preparer's Signature   Date

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Rev. 09/12