

Government of the District of Columbia

2012 FR-900B SUB Employer/Payor

Withholding Tax - Annual Reconciliation and Report



TAXPAYER IDENTIFICATION NUMBER 123456789

MARK IF X FEIN
MARK IF X SSN
MARK IF X AMENDED RETURN

TAX PERIOD ENDING (MMYY) MMY

SOFTWARE DEVELOPER USE ONLY VENDOR ID# 1234

BUSINESS NAME ABCDEFGHIJKLMNOPQRSTUVWXYZ

ACCOUNT NUMBER 1 2 3 4 5 6 7 8 9 0 0 0

DUE DATE 01 31 2013

MAILING ADDRESS LINE #1 1234567890123456789

MAILING ADDRESS LINE #2 1234567890123456789

CITY STATE ZIPCODE + 4
ABCDEFGHIJKLMN OP AB 123456789

Table with 2 columns: Description and Amount. Rows include DC Income Tax Withheld, Total Withholding Tax Paid, Additional Tax Due, and Overpayment.

Mail this return separately from your monthly or quarterly return. This return is due January 31, 2013 or within thirty (30) days of your final payroll.

Table titled 'EMPLOYER'S DC WITHHOLDING TAX RECONCILIATION' with columns: Date Paid, Tax Paid, Explanation.

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

PLEASE SIGN HERE

TAXPAYER'S SIGNATURE TITLE MMDDYYYY DATE

Telephone Number of Person to Contact 1234567890

PAID PREPARER ONLY

PREPARER'S SIGNATURE (If other than taxpayer) DATE MMDDYYYY

Preparer's PTIN 123456789

FIRM NAME

FIRM ADDRESS

Make check or money order payable to the DC Treasurer. Include your FEIN or SSN, "FR-900B" and the tax year on your payment. Mail return and payment to: DC Office of Tax and Revenue, PO Box 96385 Washington, DC 20090-6385.

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