

Government of the District of Columbia

2004

FR-900M SUB Employer Withholding Tax - Monthly Return

\*049000610000\*

FOR OFFICIAL USE ONLY:

X MARK IF THIS IS YOUR FIRST RETURN OR YOUR ADDRESS IS DIFFERENT THAN YOUR LAST RETURN

FEDERAL EMPLOYER ID NUMBER(FEIN) XX-XXXXXXX

TAX PERIOD ENDING MM/DD/YYYY

BUSINESS NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ACCOUNT ID NUMBER XXXXXXXXXXXXXXX

DUE DATE: MM/DD/YY

MAILING ADDRESS LINE #1 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

MAILING ADDRESS LINE #2 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CITY XXXXXXXXXXXXXXXXXXXX

STATE XX

ZIP CODE XXXXX-XXXX

DOLLARS ONLY

Table with 2 columns: Description and Amount. Rows include DC Income Tax Withheld, Adjustments, Tax Due, Penalty, Interest, and Total Due.

Under penalties of law, I declare to the best of my knowledge, that 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

MM/DD/YYYY DATE

XXX-XXX-XXXX

Telephone Number of Person to Contact

PREPARER'S SIGNATURE (If other than taxpayer)

MM/DD/YYYY DATE

XXXXXXXXXX

Preparer's FEIN, PTIN, or SSN

PAID

PREPARER ONLY

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

FIRM NAME

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

FIRM ADDRESS

Make check or money order payable to the DC Treasurer. Include your Federal Employer ID Number (FEIN), "FR-900M" and the tax period on your payment. Mail return and payment to: DC Office of Tax and Revenue, PO Box 7792, Washington, DC 20044-7792.