

Government of the District of Columbia

2006 FR-900M SUB Employer Withholding Tax - Monthly Return

069000610000

Taxpayer Identification Number

123456789

Mark if: [X] FEIN

Mark if: [X] SSN

Tax Period Ending

MM/DD/YYYY

OFFICIAL USE ONLY

Business Name

ABCDEFGHIJKLMNABCDEFGHIJKLMNABCDEFGHIJ

Mark if [X] this is your first return or if your address changed from your last return

Account ID Number (provided by OTR)

123123123123

Mark if [X] you are not required to file this return again.

Mailing Address Line #1

12345ABCDEFGHIJKLMNABCDEFGHI

Mailing Address Line #2

12345ABCDEFGHIJKLMNABCDEFGHI

City

ABCDEFGHIJKLMNABCDEFGHI

State

AB

Zipcode

123456789

DOLLARS ONLY

1. DC income tax withheld this month.....	\$ 123456789.00
2. Adjustment to a previous month this year.....	\$ 123456789.00
3. Tax due.....	\$ 123456789.00

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

MM/DD/YYYY Date

Telephone Number of Person to Contact 1234567890

PAID PREPARER ONLY

Preparer's Signature (If other than taxpayer)

MM/DD/YYYY Date

Preparer's FEIN, PTIN, or SSN 123456789

Firm Name

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 96385, Washington, DC 20090-6385.