

This is a FILL-IN format. Please do not handwrite any data on this form other than your signature.



Government of the District of Columbia

2013 FR-900A Employer/Payor Withholding Tax – Annual Return



1 3 9 0 0 0 1 1 0 0 0 2

Important: Print in CAPITAL letters using b

Taxpayer Identification Number

Fill in if FEIN

Account Number

Fill in if SSN

Tax Period Ending (MMYY)

Fill in if final return

Fill in if amended return

OFFICIAL USE ONLY

Vendor ID#0002

Business name

Due Date

Business mailing address line 1

1. DC income tax withheld this year per W-2

\$

2. DC income tax withheld this year per 1099

\$

3. Total income tax withheld this year

\$

Business mailing address line 2

City

State

Zip Code +4

Telephone number of person to contact

Preparer's PTIN

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.

Taxpayer's signature

Title

Date

Paid Preparer's Signature

Date