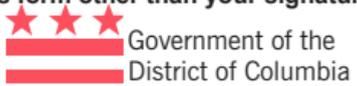


This is a **FILL-IN** format. Please do not handwrite any data on this form other than your signature.



# 2014 FR-900A Employer/Payor Withholding Tax – Annual Return



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



DCW006A

Taxpayer Identification Number

Fill in  if FEIN

Account Number

Fill in  if SSN

Business name

Tax Period Ending (MMYY)

Fill in  if final return

OFFICIAL USE ONLY  
Vendor ID#0002

Due Date

Fill in  if amended return

Business mailing address 1

Business mailing address 2

1. DC income tax withheld this year on wages (W-2)

\$											
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2. DC income tax withheld this year on non-wage payments (1099)

\$											
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3. Penalty-5% per month with a maximum of 25%

\$											
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4. Interest - 10% per year

\$											
----	--	--	--	--	--	--	--	--	--	--	--

5. Total Amount Due

\$											
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City

State

Zip Code + 4

Telephone number of person to contact

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.

Preparer's PTIN

Taxpayer's Signature

Title

Date

2014 FR-900A

Preparer's Signature

Date

