

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

2015 FR-900Q Employer/Payor Withholding Tax – Quarterly Return



1 5 9 0 0 0 7 1 0 0 0 2



Taxpayer Identification Number

Fill in if FEIN

Account Number

Fill in if SSN

Tax Period Ending (MMYY) Due Date

Fill in if final return

OFFICIAL USE ONLY
Vendor ID#0002

Business name

Business mailing address 1

Business mailing address 2

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.

Taxpayer's Signature

Title

Date

Preparer's PTIN

Preparer's Signature

Date

1. DC income tax withheld this quarter on wages (W-2)
2. DC income tax withheld this quarter on non-wage payments (1099)
3. Adjustment from the previous quarter only
Fill in circle if a minus
4. Penalty-5% per month with a maximum of 25%
5. Interest - 10% per year
6. Total Amount Due

\$																				
\$																				
\$																				
\$																				
\$																				
\$																				

DCW006Q

