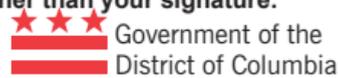


This is a **FILL-IN** format. Please do not handwrite any data on this form other than your signature.



2014 FR-900M Employer/Payor Withholding Tax – Monthly Return



Important: Print in CAPITAL letters using black ink.

Taxpayer Identification Number

Fill in if FEIN

Account Number

Fill in if SSN

Business name

Business mailing address line 1

Business mailing address line 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 preparer is based on the information available to the preparer.

Taxpayer's Signature

Title

Date

Tax Period Ending (MMYY)

Fill in if final return

OFFICIAL USE ONLY
Vendor ID#0002

Due Date

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

\$

2. DC income tax withheld this month per 1099

\$

3. Adjustment from the previous month (W-2/1099) only. Fill in circle if minus.

\$

4. Tax Due

\$

Preparer's PTIN

Preparer's Signature

Date

DCW006M