

2018 FR-900NP Annual Return for Withholding Reported on Forms 1099 and/or W-2G



SOFTWARE DEVELOPER USE ONLY VENDOR ID # 1234

Federal Employer Identification Number 123456789, Account Number 123456789012, Name ABCDEFGHIJKLMNOPQRSTUVWXYZ, Business mailing address #1, Business mailing address #2, City, State DC, ZIP Code + 4 999999999

Table with 4 rows: 1 DC Income Tax Withheld this year on wages, 2 Total payments, 3 Balance Due, 4 Overpayment

Fill in only one: X Credit carry forward X Send a refund

5 Monthly Summary of amounts withheld.

Table with 12 columns (A-L) for months and Tax withheld for each month, plus a total row M Tax withheld for year

Sign Here Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct.

Sign your name, Print your name, Date, Daytime telephone number, Preparer's signature, Preparer's name, Date, Preparer's Tax Identification Number (PTIN)

Third party designee To authorize another person to discuss this return with OTR, fill in here X and enter the name and phone number of that person. See instructions.

Designee's name ABCDEFGHIJKLMNOPQRSTUVWXYZ, Phone number 1234567890