Government of the
District of Columbia

2018 FR-900Q Employer/Payor
Withholding Tax - Quarterly Return

1 8 9 0 0 Q S 1 0 0 0 1

SOFTWARE DEVELOPER USE ONLY VENDOR ID # **1234**

Federal Employer Identification Number

123456789

Account Number

123456789012

Fill in   X   if Amended Return

Name (not your trade name)

ABCDEFGHIJKLMNNOPQRSTGHIJKLMNO

Tax Period Ending (MMYY)

MMYY

Report for this Quarter of 2018

X	1. January, February, March
X	2. April, May, June
X	3. July, August, September
X	4. October, November, December

Business mailing address #1

12345ABCDEFGHIJKLMNOPQRSTU

Business mailing address #2

12345ABCDEFGHIJKLMNOPQRSTU

City

ABCDEFGHIJKLMNOPQRST

State

DC

ZIP Code + 4

999999999

PART 1: DC Withholding Quarterly Return

1   DC Income Tax Withheld from wages, tips and other compensation................   1 $ 123456789123.00

  If monthly, complete the amount withheld for each month:

  Month 1 $ 123456789123.00
  Month 2 $ 123456789123.00
  Month 3 $ 123456789123.00

2   Total withholding payments for this quarter, including overpayment applied
  from prior quarters..   2 $ 123456789123.00

3   **Balance Due:** If Line 1 is greater than Line 2, subtract Line 2 from Line 1 and
  enter amount here..   3 $ 123456789123.00

4   **Overpayment:** If Line 2 is greater than Line 1, subtract Line 1 from Line 2 and
  enter amount here..   4 $ 123456789123.00

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

PART 2: If your business has closed or you stopped paying wages, complete this part.

If your business has closed or you stopped paying wages, fill in here X   and enter the final date you paid wages   MMDDYYYY
(MMDDYYYY)

PART 3: Sign here.
Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.

Sign your name	Print your name	Date	Daytime telephone number
	ABCDEFGHIJKLMNNOPQRS	MMDDYYYY	1234567890

Preparer's signature	Preparer's name	Date	Preparer's Tax Identification Number (PTIN)
	ABCDEFGHIJKLMNNOPQRS	MMDDYYYY	123456789

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   ABCDEFGHIJKLMNOPQRSTGHIJKLMNO

Phone number   1234567890