

2019 D-40WH SUB Withholding Tax Schedule



Enter DC withholding information below.

Attach Forms W-2 and/or 1099 to Form D-40

THIS FORM MUST BE FILED IN ORDER TO RECEIVE CREDIT FOR TAX WITHHELD

SOFTWARE DEVELOPER USE ONLY

Important: Print in CAPITAL letters using black ink.

VENDOR ID 1234

Primary last name shown on Form D-40

ABCDEFGHIJKLMABCDEFGHI

Taxpayer Identification Number (TIN)

123456789

1	A-Employer or Payor Information	B-Employee or Taxpayer Information	C-DC Tax Withheld
	Employer ID or Payor ID from W-2 or 1099 123456789	Name ABCDEFGHIJKLMABC	DC Withholding from Box #17 of W-2 or the appropriate box from 1099 \$123456789.00
	Employer or Payor Name ABCDEFGHIJKLMABC	Taxpayer Identification Number 123456789	Check the appropriate box
	Address 12345ABCDEFGHIJKLMABC	Income Subject to DC Withholding \$123456789.00	W-2 1099 X X
	City ABCDEFGHIJKLMABCDEFGHI	from Box #1 of W-2 or the appropriate box from 1099	Enter State Abbreviation AB from Box #15 of W-2 or the appropriate box from 1099
	State Zip Code + 4 AB 123456789		Enter DC Withholding Only

2	A-Employer or Payor Information	B-Employee or Taxpayer Information	C-DC Tax Withheld
	Employer ID or Payor ID from W-2 or 1099 123456789	Name ABCDEFGHIJKLMABC	DC Withholding from Box #17 of W-2 or the appropriate box from 1099 \$123456789.00
	Employer or Payor Name ABCDEFGHIJKLMABC	Taxpayer Identification Number 123456789	Check the appropriate box
	Address 12345ABCDEFGHIJKLMABC	Income Subject to DC Withholding \$123456789.00	W-2 1099 X X
	City ABCDEFGHIJKLMABCDEFGHI	from Box #1 of W-2 or the appropriate box from 1099	Enter State Abbreviation AB from Box #15 of W-2 or the appropriate box from 1099
	State Zip Code + 4 AB 123456789		Enter DC Withholding Only

3	A-Employer or Payor Information	B-Employee or Taxpayer Information	C-DC Tax Withheld
	Employer ID or Payor ID from W-2 or 1099 123456789	Name ABCDEFGHIJKLMABC	DC Withholding from Box #17 of W-2 or the appropriate box from 1099 \$123456789.00
	Employer or Payor Name ABCDEFGHIJKLMABC	Taxpayer Identification Number 123456789	Check the appropriate box
	Address 12345ABCDEFGHIJKLMABC	Income Subject to DC Withholding \$123456789.00	W-2 1099 X X
	City ABCDEFGHIJKLMABCDEFGHI	from Box #1 of W-2 or the appropriate box from 1099	Enter State Abbreviation AB from Box #15 of W-2 or the appropriate box from 1099
	State Zip Code + 4 AB 123456789		Enter DC Withholding Only

Total DC tax withheld from column C above..... \$123456789.00

If you have DC withholding on multiple pages, add the totals together and enter the GRAND total on Form D-40, Line 33.



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Last name and TIN ABCDEFG1234567

4	A-Employer or Payor Information	B-Employee or Taxpayer Information	C-DC Tax Withheld
	Employer ID or Payor ID from W-2 or 1099 123456789 Employer or Payor Name ABCDEFGHIJKLMABC Address 12345ABCDEFGHIJKLMABC City ABCDEFGHIJKLMABCDEFGHI State Zip Code + 4 AB 123456789	Name ABCDEFGHIJKLMABC Taxpayer Identification Number 123456789 Income Subject to DC Withholding \$123456789.00 from Box #1 of W-2 or the appropriate box from 1099	DC Withholding from Box #17 of W-2 or the appropriate box from 1099 \$123456789.00 Check the appropriate box W-2 1099 X X Enter State Abbreviation AB from Box #15 of W-2 or the appropriate box from 1099 Enter DC Withholding Only

5	A-Employer or Payor Information	B-Employee or Taxpayer Information	C-DC Tax Withheld
	Employer ID or Payor ID from W-2 or 1099 123456789 Employer or Payor Name ABCDEFGHIJKLMABC Address 12345ABCDEFGHIJKLMABC City ABCDEFGHIJKLMABCDEFGHI State Zip Code + 4 AB 123456789	Name ABCDEFGHIJKLMABC Taxpayer Identification Number 123456789 Income Subject to DC Withholding \$123456789.00 from Box #1 of W-2 or the appropriate box from 1099	DC Withholding from Box #17 of W-2 or the appropriate box from 1099 \$123456789.00 Check the appropriate box W-2 1099 X X Enter State Abbreviation AB from Box #15 of W-2 or the appropriate box from 1099 Enter DC Withholding Only

6	A-Employer or Payor Information	B-Employee or Taxpayer Information	C-DC Tax Withheld
	Employer ID or Payor ID from W-2 or 1099 123456789 Employer or Payor Name ABCDEFGHIJKLMABC Address 12345ABCDEFGHIJKLMABC City ABCDEFGHIJKLMABCDEFGHI State Zip Code + 4 AB 123456789	Name ABCDEFGHIJKLMABC Taxpayer Identification Number 123456789 Income Subject to DC Withholding \$123456789.00 from Box #1 of W-2 or the appropriate box from 1099	DC Withholding from Box #17 of W-2 or the appropriate box from 1099 \$123456789.00 Check the appropriate box W-2 1099 X X Enter State Abbreviation AB from Box #15 of W-2 or the appropriate box from 1099 Enter DC Withholding Only

Total DC tax withheld from column C above..... \$123456789.00

If you have DC withholding on multiple pages, add the totals together and enter the GRAND total on Form D-40, Line 33.