

2020 FR-900A Employer/Payor Withholding Tax - Annual Return



SOFTWARE DEVELOPER USE ONLY VENDOR ID # 1234

Federal Employer Identification Number 123456789

Account Number 123456789012

Fill in [X] if Amended Return
Fill in [X] if Final Return

Name (not your trade name)

ABCDEFGHIJKLMN NOPQRSTGHIJKLMNO

Tax Period Ending (MMYY)

MMYY

Business mailing address #1

12345ABCDEF GHIJKLMN OPQRSTU

Business mailing address #2

12345ABCDEF GHIJKLMN OPQRSTU

City

ABCDEFGHIJKLMN OPQRST

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. Columns include amount and dollar value.

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

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

ABCDEFGHIJKLMN OPQRST MMDDYYYY 1234567890

Preparer's signature

Preparer's name

Date

Preparer's Tax Identification Number (PTIN)

ABCDEFGHIJKLMN OPQRST 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 ABCDEFGHIJKLMN OPQRSTGHIJKLMNO

Phone number 1234567890