

2020 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 (not your trade name) ABCDEFGHIJKLMNOPQRSTGH IJKLMNO Business mailing address #1 12345ABCDEF GHIJKLMNOPQRSTU Business mailing address #2 12345ABCDEF GHIJKLMNOPQRSTU
City ABCDEFGHIJKLMNOPQRST State DC ZIP Code + 4 999999999

Fill in X if Amended Return
Fill in X if you do not have to file returns in the future. Enter date when final payments were made. (MMDDYYYY) MMDDYYYY

1 DC Income Tax Withheld this year on wages 1 \$ 123456789123.00
2 Total payments 2 \$ 123456789123.00
3 Balance Due 3 \$ 123456789123.00
4 Overpayment 4 \$ 123456789123.00

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

5 Monthly Summary of amounts withheld.

A January \$ 123456789123.00 B February \$ 123456789123.00 C March \$ 123456789123.00 D April \$ 123456789123.00 E May \$ 123456789123.00 F June \$ 123456789123.00
G July \$ 123456789123.00 H August \$ 123456789123.00 I September \$ 123456789123.00 J October \$ 123456789123.00 K November \$ 123456789123.00 L December \$ 123456789123.00
M Tax withheld for year (add Lines A through L)... \$ 123456789123.00

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
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 ABCDEFGHIJKLMNOPQRSTGH IJKLMNO Phone number 1234567890