

2020 FR-900Q Employer/Payor Withholding Tax - Quarterly Return



SOFTWARE DEVELOPER USE ONLY VENDOR ID # 1234

Form fields for Federal Employer Identification Number, Account Number, Name, Business mailing address #1 and #2, City, State, ZIP Code, and Report for this Quarter of 2020.

PART 1: DC Withholding Quarterly Return

Form fields for DC Income Tax Withheld from wages, Total withholding payments for this quarter, Balance Due, and Overpayment.

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

Form field for final date you paid wages (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.

Form fields for Sign your name, Print your name, Date, Daytime telephone number, Preparer's signature, Preparer's name, Date, and 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.

Form fields for Designee's name and Phone number.