

2021 FR-900A Employer/Payor Withholding Tax - Annual Return



SOFTWARE DEVELOPER USE ONLY VENDOR ID # 1234

Federal Employer Identification Number 999999999

Account Number 999999999999

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

Name (not your trade name)

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Tax Period Ending (MMYY)

9999

Business mailing address #1

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Business mailing address #2

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

City

XXXXXXXXXXXXXXXXXXXX

State

XX

ZIP Code + 4

99999999

Table with 4 rows: 1 DC Income Tax Withheld this year on wages 1 99999999999.00; 2 Total payments 2 99999999999.00; 3 Balance Due 3 99999999999.00; 4 Overpayment 4 99999999999.00

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

XXXXXXXXXXXXXXXXXXXXXXXXXXXX 99999999 9999999999

Preparer's signature

Preparer's name

Date

Preparer's Tax Identification Number (PTIN)

XXXXXXXXXXXXXXXXXXXXXXXXXXXX 99999999 9999999999

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

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Phone number

9999999999