

2021 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, Tax Period Ending, Business mailing addresses, City, State, and ZIP Code.

PART 1: DC Withholding Quarterly Return

Table with 4 rows for DC Income Tax Withheld, Total withholding payments, Balance Due, and Overpayment. Includes a 'Fill in only one' section for Credit carry forward or Send a refund.

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

Form field for 'If your business has closed or you stopped paying wages, fill in here' with a date field (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. Declaration of paid preparer is based on the information available to the preparer.

Signature lines for 'Sign your name' and 'Preparer's signature' with fields for name, date, and telephone number.

Third party designee To authorize another person to discuss this return with OTR, fill in here and enter the name and phone number of that person. See instructions.

Form fields for 'Designee's name' and 'Phone number'.