

2022 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, City, State, ZIP Code, and Email Address.

PART 1: DC Withholding Quarterly Return

- 1 DC Income Tax Withheld from wages, tips and other compensation... 1 9999999999.00
2 Total withholding payments for this quarter, including overpayment applied from prior quarters... 2 9999999999.00
3 Balance Due: If Line 1 is greater than Line 2, subtract Line 2 from Line 1 and enter amount here... 3 9999999999.00
4 Overpayment: If Line 2 is greater than Line 1, subtract Line 1 from Line 2 and enter amount here... 4 9999999999.00

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

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

If your business has closed or you stopped paying wages, fill in here [X] and enter the final date you paid wages 99999999 (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.

Signatures and names of preparer and taxpayer, including fields for name, date, and telephone number.

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