

2019 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 addresses, Tax Period Ending, State, and ZIP Code.

PART 1: DC Withholding Quarterly Return

Line 1: DC Income Tax Withheld from wages, tips and other compensation. Includes monthly breakdown.

Line 2: Total withholding payments for this quarter, including overpayment applied from prior quarters.

Line 3: Balance Due: If Line 1 is greater than Line 2, subtract Line 2 from Line 1 and enter amount here.

Line 4: Overpayment: If Line 2 is greater than Line 1, subtract Line 1 from Line 2 and enter amount here.

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 MMDDYYYY (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 the preparer, including fields for name, date, and tax identification 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 and phone number fields.