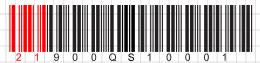
Government of the District of Columbia

## 2021 FR-900Q Employer/Payor Withholding Tax - Quarterly Return



SOFTWARE DEVELOPER USE ONLY VENDOR ID # 1234 Fill in X if Amended Return Account Number Federal Employer Identification Number 99999999999 999999999 Report for this Quarter of 2021 Name (not your trade name) Tax Period Ending (MMYY) 1. January, February, March 9999 2. April, May, June Business mailing address #1 3. July, August, September 4. October, November, December Business mailing address #2 City ZIP Code + 4 State XXXXXXXXXXXXXXXXXXX 99999999 XX PART 1: DC Withholding Quarterly Return 99999999999.00 DC Income Tax Withheld from wages, tips and other compensation..... If monthly, complete the amount withheld for each month: Month 1 99999999999.00 Month 2 99999999999.00 99999999999.00 Month 3 Total withholding payments for this quarter, including overpayment applied from prior quarters..... 99999999999.00 Balance Due: If Line 1 is greater than Line 2, subtract Line 2 from Line 1 and 3 99999999999.00 enter amount here...... Overpayment: If Line 2 is greater than Line 1, subtract Line 1 from Line 2 and enter amount here..... 99999999999.00 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. 99999999 If your business has closed or you stopped paying wages, fill in here X and enter the final date you paid wages (MMDDYYYY) PART 3: Sign here. Under penalties of law, I declare that I have examinded 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 99999999 9999999999 Preparer's signature Preparer's name Date Preparer's Tax Identification Number (PTIN) 99999999 99999999 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 999999999 Phone number Designee's name

9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75