Government of the District of Columbia

Rev (9/2021)

2022 FR-900A Employer/Payor
Withholding Tax - Annual Return



SOFTWARE DEVELOPER USE ONLY VENDOR ID # 1234 Account Number Federal Employer Identification Number 99999999 99999999999 if Amended Return if Final Return Tax Period Ending (MMYY) Name (not your trade name) 9999 Business mailing address #1 Business mailing address #2 City State ZIP Code + 4 XX 99999999 XXXXXXXXXXXXXXXXXXXXX **Email Address** 99999999999.00 DC Income Tax Withheld this year on wages 1 99999999999.00 Total payments 99999999999.00 Balance Due 3 99999999999.00 Overpayment Fill in only one: X Credit carry forward 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 Print your name Daytime telephone number Sign your name Date 99999999 999999999 Preparer's signature Preparer's name Preparer's Tax Identification Number (PTIN) Date 99999999 XXXXXXXXXXXXXXXXXX 99999999 To authorize another person to discuss this return with OTR, fill in here X and enter the name and phone number of that person. Third party designee 9999999999 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 76 77 78 79 80 81 82 83 84 85