

Taxpayer name _____

FEIN/SSN _____



**PLEASE
SIGN
HERE**

Under penalties of law, I declare that, to the best of my knowledge, this return is correct. Declaration of paid preparer is based on the information available to the preparer.

Taxpayer's signature Title Date

**PAID
PREPARER
ONLY**

Preparer's signature (if other than taxpayer) Date

Firm name

Firm address

Telephone number of person to contact

Grid for telephone number: 12 empty boxes

Preparer's FEIN, SSN or PTIN

Grid for FEIN/SSN/PTIN: 12 empty boxes

Make check or money order payable to the DC Treasurer. Include your FEIN/SSN, "FR-900B" and tax year on your payment. Mail return and payment to: Office of Tax and Revenue, 941 North Capitol St NE, Fl 6, Washington DC 20002-4265.



FR-900B PAGE 3 **Reconciliation and Report**
Attach to and mail with pages 1 and 2



0 9 9 0 0 0 2 3 0 0 0 0

Taxpayer name _____

FEIN/SSN _____

Employer's DC withholding tax reconciliation			
	Date Paid	Tax Paid	Explanation
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
Total for the year			