



# 2014 FR-900B Employer/Payor Withholding Tax Annual Reconciliation and Report



This is a **FILL-IN** format. Please do not **handwrite** any data on this form other than your signature.

Taxpayer Identification Number

Fill in

if FEIN

Account Number

Tax Period Ending (MMYY)

Business name

Fill in

if SSN

Due Date

Fill in

if amended return

Business mailing address line 1

Business mailing address line 2

City

State

Zip Code + 4

OFFICIAL USE ONLY  
Vendor ID# 0002

### Wage (W-2) Information

### Non-Wage (1099) Information

Preparer's PTIN

1. DC income tax withheld this year

\$

\$

2. Total withholding tax paid to DC this year on Forms FR-900M or FR-900Q

\$

\$

**Total**

3. Additional Tax Due (if Line 1 is more than Line 2)

\$

\$

\$

4. Overpayment (if Line 1 is less than Line 2)

\$

\$

\$

DCW009B

Taxpayer name \_\_\_\_\_

FEIN/SSN \_\_\_\_\_

**Reconciliation and Report**

Employer's DC withholding tax reconciliation  
 DC taxes withheld on non-wage payments (1099)



	Date paid	DC taxes withheld on wages (W-2)	DC taxes withheld on non-wage payments (1099)	Total DC taxes withheld	Explanation
1					
2					
3					
1st Quarter					
4					
5					
6					
2nd Quarter					
7					
8					
9					
3rd Quarter					
10					
11					
12					
4th Quarter					
Total W-2 Forms					
Total 1099 Forms					

Telephone number of person to contact

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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's Signature \_\_\_\_\_

Date \_\_\_\_\_

DCW009B

