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

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Government of the District of Columbia

2011 FR-900A Employer/Payor Withholding Tax – Annual Return

1 1 9 0 0 0 1 1 0 0 0 2

Taxpayer Identification Number

Fill in ◯ if FEIN Fill in ◯ if final return

Fill in ◯ if SSN Fill in ◯ if amended return

OFFICIAL USE ONLY

VENDOR ID#0002

Business name

DC income tax withheld this year $

Mailing address line 1

Due Date

1/20/2012

Account Number

Mailing address line 2

City

State

Zip Code +4

Telephone number of person to contact

Preparer's PTIN

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

DCW006A