Government of the District of Columbia

2004 FR-900A SUB Employer Withholding Tax – Annual Return

049000410000

TAXPAYER IDENTIFICATION NUMBER
XXXXXXXXX

FILL IN X if FEIN
FILL IN X if SSN

DUE DATE
1/20/2005

OFFICIAL USE ONLY

BUSINESS NAME
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

ACCOUNT ID NUMBER
XXXXXXXXXXXX

FILL IN X IF THIS IS YOUR FIRST RETURN OR IF YOUR ADDRESS CHANGED FROM YOUR LAST RETURN

FILL IN X IF THIS IS YOUR FINAL RETURN

MAILING ADDRESS LINE #1
9999XXXXXXXXXXXXXXXXXXXXXXXXXXX

MAILING ADDRESS LINE #2
9999XXXXXXXXXXXXXXXXXXXXXXXXXXX

CITY
XXXXXXXXXXXXXXXX

STATE
XX

ZIPCODE
XXXXXXXXX

		DOLLARS ONLY
1. DC INCOME TAX WITHHELD THIS YEAR		$ XXXXXXXXX.00
2. ADJUSTMENT FOR THIS TAX YEAR ONLY	Mark if minus X	$ XXXXXXXXX.00
3. TAX DUE		$ XXXXXXXXX.00
4. PENALTY		$ XXXXXXXXX.00
5. INTEREST		$ XXXXXXXXX.00
6. TOTAL DUE		$ XXXXXXXXX.00

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

PLEASE SIGN HERE

TAXPAYER'S SIGNATURE _____ TITLE _____ DATE MM/DD/YYYY

Telephone Number of Person to Contact
XXXXXXXXXX

PREPARER'S SIGNATURE (If other than taxpayer) _____ DATE MM/DD/YYYY

Preparer's FEIN, PTIN or SSN
XXXXXXXXX

PAID PREPARER ONLY

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
FIRM NAME

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
FIRM ADDRESS

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

Rev. 9/04