

2009 FR-900M Employer Withholding Tax — Monthly Return



Taxpayer Identification Number Fill in if FEIN Tax Period Ending Fill in if SSN

Business name

Account Number (provided by OTR) Final return indicator.

Mailing address 1

Mailing address 2

City State Zip Code

1. DC income tax withheld this month	.00
2. Adjustment to a previous month this year. Fill in if minus.	.00
3. Tax Due	.00