

2010 FR-900A Employer Withholding Tax – Annual Return



Taxpayer Identification Number

Fill in if FEIN

Fill in if final return

Fill in if SSN

Fill in if amended return

Business name

Mailing address line 1

Mailing address line 2

City

State

Zip Code +4

DC income tax withheld this year

\$

Due Date

1/20/2011

Account Number

Telephone number of person to contact

Preparer's FEIN, SSN or 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

2010 FR-900A

DCW006A