Government of the District of Columbia

2003 FR-900M SUB Employer Withholding Tax - Monthly Return

0 3 9 0 0 0 6 1 0 0 0 0

X MARK IF YOUR ADDRESS IS DIFFERENT THAN YOUR LAST RETURN

FOR OFFICIAL USE ONLY :

FEDERAL EMPLOYER ID NUMBER: XX-XXX XXX

ACCOUNT ID NUMBER: XXXXXXXXXXXX

PERIOD ENDING: MM/DD/YYYY

BUSINESS NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

MAILING ADDRESS LINE #1: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

MAILING ADDRESS LINE #2: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

CITY: XXXXXXXXXXXXXXXXXXXX

STATE: XX

ZIP + 4: XXXXX-XXXX

1. D.C. INCOME TAX WITHHELD THIS MONTH ..... $ XXXXXXXX.00
2. ADJUSTMENT FOR PRIOR MONTH ONLY (EXCEPT JANUARY) ..... $ XXXXXXXX.00
3. TAX DUE ..... $ XXXXXXXX.00
4. PENALTY ..... $ XXXXXXXX.00
5. INTEREST ..... $ XXXXXXXX.00
6. TOTAL DUE ..... $ XXXXXXXX.00

Under penalties of law, I declare that I have examined this return, and to the best of my knowledge, it 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 XXX-XXX-XXXX

PREPARER'S SIGNATURE (If other than taxpayer) | DATE MM/DD/YYYY | Preparer's FEIN, PTIN, or SSN XXXXXXXX

PAID PREPARER ONLY

FIRM NAME: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

FIRM ADDRESS: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Mail return and payment to: Government of the District of Columbia, Ben Franklin Station, PO Box 7792, Washington, DC 20044-7792. Make check or money order payable to the DC Treasurer. Include your Federal Employer ID Number, "FR-900M" and the tax period on your payment.