



Government of the
District of Columbia

FINAL REPORT

FR-900W1

EMPLOYER WITHHOLDING TAX

Complete this form if your business is sold, closed, or discontinued.

Taxpayer Identification Number

12 empty boxes for entering the Taxpayer Identification Number

Fill in if FEIN

Fill in if SSN

Business name and address

Three horizontal lines for entering business name and address

**Mail to: Office of Tax and Revenue
PO Box 470
Washington DC 20044-0470**

If business was sold, state purchaser's name, address and date of sale:

Name _____

Address _____

Date of Sale _____

Contact person's name, title and address

Horizontal line for contact information

If business was closed or discontinued:

Date closed or discontinued _____

Reason _____

Horizontal line for reason

Horizontal line for reason

Phone Number

DCW006M/A