

FR-900B PAGE 2 **Reconciliation and Report**

Taxpayer name _____

FEIN/SSN _____



DCW008M

| Employer's DC withholding tax reconciliation | | | |
|--|-----------|----------|-------------|
| | Date Paid | Tax Paid | Explanation |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
| 11 | | | |
| 12 | | | |
| Total for the year | | | |

Telephone number of person to contact

| | | | | | | | | | |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

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