



Enter DC withholding information below.  
Attach W-2's and/or 1099's to Form D-40 or D-40EZ

**THIS FORM MUST BE FILED IN ORDER TO RECEIVE CREDIT FOR TAX WITHHELD**

Important: Print in CAPITAL letters using black ink.

OFFICIAL USE ONLY  
Vendor ID#0002

Primary last name shown on Form D-40 or D-40EZ

Taxpayer Identification Number (TIN)

1	A - Employer or Payor Information	B - Employee or Taxpayer Information	C - DC Tax Withheld
	<p>Employer ID or Payor ID from W-2 or 1099</p> <p>Employer or Payor Name</p> <p>Address</p> <p>City</p> <p>State Zip Code + 4</p>	<p>Name</p> <p>Taxpayer Identification Number</p> <p>Income Subject to DC Withholding</p> <p>from Box #1 of W-2 or the appropriate box from 1099</p>	<p>DC Withholding from Box #17 of W-2 or the appropriate box from 1099</p> <p>\$ .00</p> <p>Check the appropriate box</p> <p>W-2 1099</p> <p>Enter State Abbreviation</p> <p>from Box #15 of W-2 or the appropriate box from 1099</p> <p><b>Enter DC Withholding Only</b></p>
	<p>Employer ID or Payor ID from W-2 or 1099</p> <p>Employer or Payor Name</p> <p>Address</p> <p>City</p> <p>State Zip Code + 4</p>	<p>Name</p> <p>Taxpayer Identification Number</p> <p>Income Subject to DC Withholding</p> <p>from Box #1 of W-2 or the appropriate box from 1099</p>	<p>DC Withholding from Box #17 of W-2 or the appropriate box from 1099</p> <p>\$ .00</p> <p>Check the appropriate box</p> <p>W-2 1099</p> <p>Enter State Abbreviation</p> <p>from Box #15 of W-2 or the appropriate box from 1099</p> <p><b>Enter DC Withholding Only</b></p>
	<p>Employer ID or Payor ID from W-2 or 1099</p> <p>Employer or Payor Name</p> <p>Address</p> <p>City</p> <p>State Zip Code + 4</p>	<p>Name</p> <p>Taxpayer Identification Number</p> <p>Income Subject to DC Withholding</p> <p>from Box #1 of W-2 or the appropriate box from 1099</p>	<p>DC Withholding from Box #17 of W-2 or the appropriate box from 1099</p> <p>\$ .00</p> <p>Check the appropriate box</p> <p>W-2 1099</p> <p>Enter State Abbreviation</p> <p>from Box #15 of W-2 or the appropriate box from 1099</p> <p><b>Enter DC Withholding Only</b></p>

Total DC tax withheld from column C above..... \$ .00

If you have DC withholding on multiple pages, add the totals together  
and enter the GRAND total on Form D-40EZ, Line 9 or D-40, Line 26.

Last name and TIN



4	A - Employer or Payor Information	B - Employee or Taxpayer Information	C - DC Tax Withheld
	Employer ID or Payor ID from W-2 or 1099 <input type="text"/> Employer or Payor Name <input type="text"/> Address <input type="text"/> City <input type="text"/> State      Zip Code + 4 <input type="text"/>	Name <input type="text"/> Taxpayer Identification Number <input type="text"/> Income Subject to DC Withholding \$ <input type="text"/> <b>00</b> from Box #1 of W-2 or the appropriate box from 1099	DC Withholding from Box #17 of W-2 or the appropriate box from 1099 \$ <input type="text"/> <b>00</b> Check the appropriate box <input type="checkbox"/> W-2 <input type="checkbox"/> 1099 Enter State Abbreviation <input type="text"/> from Box #15 of W-2 or the appropriate box from 1099 <b>Enter DC Withholding Only</b>
5	Employer ID or Payor ID from W-2 or 1099 <input type="text"/> Employer or Payor Name <input type="text"/> Address <input type="text"/> City <input type="text"/> State      Zip Code + 4 <input type="text"/>	Name <input type="text"/> Taxpayer Identification Number <input type="text"/> Income Subject to DC Withholding \$ <input type="text"/> <b>00</b> from Box #1 of W-2 or the appropriate box from 1099	DC Withholding from Box #17 of W-2 or the appropriate box from 1099 \$ <input type="text"/> <b>00</b> Check the appropriate box <input type="checkbox"/> W-2 <input type="checkbox"/> 1099 Enter State Abbreviation <input type="text"/> from Box #15 of W-2 or the appropriate box from 1099 <b>Enter DC Withholding Only</b>
6	Employer ID or Payor ID from W-2 or 1099 <input type="text"/> Employer or Payor Name <input type="text"/> Address <input type="text"/> City <input type="text"/> State      Zip Code + 4 <input type="text"/>	Name <input type="text"/> Taxpayer Identification Number <input type="text"/> Income Subject to DC Withholding \$ <input type="text"/> <b>00</b> from Box #1 of W-2 or the appropriate box from 1099	DC Withholding from Box #17 of W-2 or the appropriate box from 1099 \$ <input type="text"/> <b>00</b> Check the appropriate box <input type="checkbox"/> W-2 <input type="checkbox"/> 1099 Enter State Abbreviation <input type="text"/> from Box #15 of W-2 or the appropriate box from 1099 <b>Enter DC Withholding Only</b>

 Total DC tax withheld from column C above..... \$  **00**

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 and enter the GRAND total on Form D-40EZ, Line 9 or D-40, Line 26.