

Annual Return of Withheld Federal Income Tax

Department of the Treasury
Internal Revenue Service

▶ For withholding reported on Forms 1099 and W-2G.
▶ See separate instructions. For more information on income tax withholding, see Circular E and Pub. 15-A.

1999

Please type or print.

Enter state code for state in which deposits were made only if different from state in address to the right (see page 3 of instructions). ▶

Name (as distinguished from trade name)

Employer identification number

Trade name, if any

Address (number and street)

City, state, and ZIP code

IRS USE ONLY	
T	
FF	
FD	
FP	
I	
T	

If address is different from prior return, check here ▶

IRS Use	1	1	1	1	1	1	1	1	1	1	2	3	3	3	3	3	3	3	3	4	4	4	5	5	5
	6	7	8	8	8	8	8	8	8	8	8	9	9	9	9	10	10	10	10	10	10	10	10	10	10

If you do not have to file returns in the future, check here and enter date final payments paid ▶

1	Federal income tax withheld from pensions, annuities, IRAs, gambling winnings, etc.	1		
2	Backup withholding	2		
3	Adjustment to correct administrative errors (see instructions)	3		
4	Total taxes. If \$1,000 or more, this must equal line 8M below or line M of Form 945-A	4		
5	Total deposits for 1999 from your records, including overpayment applied from a prior year	5		
6	Balance due (subtract line 5 from line 4). See instructions	6		

7 **Overpayment.** If line 4 is less than line 5, enter overpayment here ▶ \$ _____ and check if to be:
 Applied to next return **OR** Refunded

- **All filers:** If line 4 is less than \$1,000, you need not complete line 8 or Form 945-A.
- **Semiweekly schedule depositors:** Complete Form 945-A and check here ▶
- **Monthly schedule depositors:** Complete line 8, entries A through M, and check here. ▶

8 Monthly Summary of Federal Tax Liability. Do not complete if you are a semiweekly schedule depositor.					
	Tax liability for month			Tax liability for month	
A	January		F	June	
B	February		G	July	
C	March		H	August	
D	April		I	September	
E	May		J	October	
			K	November	
			L	December	
			M	Total liability for year (add entries A through L).	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here

Signature ▶ _____ Date ▶ _____

Print Your Name and Title ▶ _____ Telephone Number (optional) ▶ _____



