



ACCOUNT NUMBER

TAX PERIOD ENDING

DUE ON OR BEFORE

--	--	--

CHANGES MUST BE MADE ON THE REQUEST FOR CHANGE FORM.
CHECK THE BOX IF YOU ARE FILING A CHANGE FORM.

CHECK THE BOX IF W-2(S) AND/OR 1099s ARE BEING SUBMITTED
ELECTRONICALLY.

Taxpayer Name:

Taxpayer Address:

Mail This Form With Remittance Payable To:
STATE OF DELAWARE DIVISION OF REVENUE
P.O. BOX 830
WILMINGTON, DE 19899-0830
If you have questions, call (302) 577-8779

1. Amount of Delaware Wages		
2. Number of Withholding Statements (Form W-2 and/or 1099 attached.)		
3. Total Delaware Income Tax WITHHELD from Wages. (as shown on attached forms).		
4. Total Delaware Income Tax PAID during the year.		
5. Difference between Line 3 and Line 4.		
Enter the amount in 5a if there is any Balance Due	5a	
Enter the amount in 5b if there is any Overpayment	5b	

(Please remit Balance Due. Do not apply Refund Due to future payments. Refund will be issued from this document.)

X _____
AUTHORIZED SIGNATURE

TELEPHONE NUMBER _____

DATE MM | DD | YY

I declare under penalties of perjury that this is a true, correct and complete return.

EMAIL ADDRESS _____

WITHHOLDING WORKSHEET

TAX PAID	TAX WITHHELD	TAX PAID	TAX WITHHELD
Jan. _____	_____	July _____	_____
Feb. _____	_____	Aug. _____	_____
Mar. _____	_____	Sept. _____	_____
Apr. _____	_____	Oct. _____	_____
May _____	_____	Nov. _____	_____
June _____	_____	Dec. _____	_____
TOTAL TAX PAID FOR THIS YEAR (Enter amount on Line 4) \$ _____		TOTAL TAX WITHHELD (Should agree with Line 3) \$ _____	

