



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 2044
WILMINGTON, DE 19899-2044
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

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

TELEPHONE NUMBER

DATE

MM | DD | YY

EMAIL ADDRESS

WITHHOLDING WORKSHEET

TAX PAID

TAX WITHHELD

TAX PAID

TAX WITHHELD

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

