

**DELAWARE DIVISION OF REVENUE**

WITHHOLDING TAX RETURN

FORM W1A 9301



DF60018019999

ACCOUNT NUMBER

FOR OFFICE USE ONLY

TAX PERIOD ENDING

DUE ON OR BEFORE

**W8**

**IMPORTANT: MONTHLY AND QUARTERLY FILERS MUST FILE EACH RETURN REGARDLESS  
OF THE AMOUNT OF DELAWARE TAXES WITHHELD DURING THE PERIOD INDICATED.**

If you have questions  
call (302) 577-8779.

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

**Mail This Form With  
Remittance Payable To:**

**STATE OF DELAWARE**  
DIVISION OF REVENUE  
P.O. BOX 830  
WILMINGTON, DE 19899-8330

1. DELAWARE INCOME  
TAX WITHHELD

2. AMOUNT REMITTED

If Line 2 does not equal Line 1, indicate the Tax Period End MM | DD | YY  
for which an adjustment is being made and write an explanation on the back of this form.

TELEPHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_

**X**

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

(Rev 09/2018)

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CUT ABOVE AND RETURN