



DELAWARE FORM

DIVISION OF REVENUE WTH-TAX



WITHHOLDING TAX RETURN

AMENDED

TAXPAYER ID	TAX PERIOD BEGINNING	TAX PERIOD ENDING	DUE ON OR BEFORE

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

NAME AND ADDRESS

1.	DELAWARE INCOME TAX WITHHELD	\$	
2.	AMOUNT REMITTED	\$	
If Line 2 does not equal Line 1, indicate the Tax Period End for which an adjustment is being made.			

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

AUTHORIZED SIGNATURE
 DATE
 PHONE NUMBER
 EMAIL

**MAIL COMPLETED FORM WITH
 REMITTANCE PAYABLE TO:**
 Delaware Division of Revenue
 PO Box 830
 Wilmington, DE 19899-8330