



# DELAWARE FORM

## DIVISION OF REVENUE WTH-TAX



### WITHHOLDING TAX RETURN

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