



# DELAWARE FORM WTH-REC

DIVISION OF REVENUE

## ANNUAL RECONCILIATION OF DELAWARE INCOME TAX WITHHELD



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

Check the box if W-2(s) and/or 1099s are being submitted electronically.

Changes must be made on the request for change form. Check the box if you are filing a change form.

NAME	ADDRESS
<input type="text"/>	<input type="text"/>

1.	<b>AMOUNT OF DELAWARE WAGES</b>	\$
2.	<b>NUMBER OF WITHHOLDING STATEMENTS</b> (Form W-2 and/or 1099 attached.)	
3.	<b>TOTAL DELAWARE INCOME TAX WITHHELD FROM WAGES</b> (as shown on attached forms.)	\$
4.	<b>TOTAL DELAWARE INCOME TAX PAID DURING THE YEAR</b>	\$
5a.	<b>OVERPAYMENT</b> Difference between Line 3 and Line 4	\$
5b.	<b>BALANCE DUE</b> Difference between Line 3 and Line 4	\$
6.	<b>TOTAL REMITTANCE</b>	\$

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

WITHHOLDING WORKSHEET					
TAX PAID		TAX WITHHELD		TAX PAID	
JANUARY				JULY	
FEBRUARY				AUGUST	
MARCH				SEPTEMBER	
APRIL				OCTOBER	
MAY				NOVEMBER	
JUNE				DECEMBER	
<b>TOTAL TAX PAID FOR THIS YEAR</b> Enter amount on Line 4		\$	<b>TOTAL TAX WITHHELD</b> Should agree with Line 3		\$

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

AUTHORIZED SIGNATURE

DATE

EMAIL

PHONE NUMBER

MAIL COMPLETED FORM WITH  
REMITTANCE PAYABLE TO:

Delaware Division of Revenue  
PO Box 8750  
Wilmington, DE 19899-8750