

CLAIM FOR REVISION
FOR MONTHLY/QUARTERLY FILERS
DELAWARE INCOME TAX WITHHELD

THIS FORM WILL BE COMPLETED BY EMPLOYERS NEEDING TO FILE AMENDED
MONTHLY AND/OR QUARTERLY WITHHOLDING TAX RETURNS

1. Enter Account Number

Grid for entering account number with dashes and brackets.

2. Business Name

3. Trade Name if Different from Above

4. Business Location Address

5. Mailing Address if Different

Form for business location address with fields for City, State, and Zip Code.

Form for mailing address with fields for City, State, and Zip Code.

If filing corrected W-2s, indicate the number of W-2s attached.

How many W-2s were filed with the original return?

Two horizontal lines for entering the number of W-2s.

Table with 5 columns: Tax Period Ending (A), Originally Reported (B), Corrected Amount (C), Amount of Change (+ or -) (D), and (For Office Use Only) (E). Rows include various tax periods from 01/31/ to 12/31/ and a Total row.

TOTAL AMOUNT DUE

\$ _____

or

TOTAL AMOUNT OF OVERPAYMENT (Amount to be refunded, see instructions.)

\$ _____

SIGNATURE

TELEPHONE NUMBER

DATE

I declare under penalties as provided by law that the information on this application is true, correct and complete.



