

2016 Delaware Monthly Withholding Form

FILE MONTHLY RETURNS FOR THE YEAR 2016 - Use the form below if you are required to file and pay your Delaware Withholding Tax for 2016 on a MONTHLY basis. Monthly returns are due on the 15th day of the month following the close of the month. If the due date falls on a weekend or holiday, it is due the next business day.

ELECTRONIC FUNDS TRANSFER PROGRAM (EFT) - If you were required by the Internal Revenue Code to deposit Federal Employment taxes by Electronic Funds Transfer for tax year 2015, then you are required to file electronically for Delaware in 2016. The EFT Program allows you to file your returns electronically by the use of an ACH Credit or ACH Debit. Contact our EFT Department at (302) 577-8231 for information and an authorization agreement or download the form from the Business Taxpayer section of our website: www.revenue.delaware.gov. You must file this form with us even if you are using a payroll service to file your taxes.

Withholding, Corporate tentative and Sub "S" Corporation estimated taxpayers may file EFT on a voluntary basis.

Specific Filing Instructions for Monthly Filers - Form W1

1. Enter your current Delaware Division of Revenue Account Number.
2. From the list provided, choose the date that corresponds with the last day of the tax period for which you are remitting this withholding statement. Your Due Date will automatically appear in the Due On or Before box.
3. Enter your current business name and mailing address in the space marked Business Name and Mailing Address.
4. Check the Request for Change Box if you have changes to your Delaware Division of Revenue account information and are remitting a Request for Change form with this return.
5. Enter on Line 1 the total amount of Delaware income taxes withheld from wages and other remuneration during the month.
6. Enter the amount of tax you are remitting with this return on Line 2. If this amount is different from Line 1, indicate the tax period that you are adjusting in the space provided below Line 2 and write an explanation on the back of the return. If you underpaid tax on a previous return, add that amount to Line 1 and remit the entire amount with this return. If you overpaid on a previous return, deduct that amount from Line 1 and remit the net amount with this return.

PLEASE NOTE: No credit or refund will be made to any employer if the employer was required and deducted Delaware withholding taxes from its employees. In such case, the employee must file a Delaware personal income tax return to claim the over-withheld income taxes. If the amount of the overpayment is more than can be reasonably expected to be used during the rest of the calendar year, you may request a refund by filing a Claim For Revision form (Form 1049W99701). Contact our office at (302) 577-8779 for a Claim For Revision form.

7. Enter your e-mail address, telephone number and today's date. Sign the return and send with payment in full (if applicable) to:

State of Delaware, Division of Revenue, PO Box 830, Wilmington, DE 19899-0830

| | | | | |
|---------------------------------------|---------------------|-------------------|--|-----------|
| DELAWARE DIVISION OF REVENUE | | |  | WM |
| WITHHOLDING TAX RETURN - FORM W1 9301 | | | DF6001501999 | |
| ACCOUNT NUMBER | FOR OFFICE USE ONLY | TAX PERIOD ENDING | DUE ON OR BEFORE | |

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 19899-0830

| | |
|---------------------------------|---|
| 1. DELAWARE INCOME TAX WITHHELD | \$ <input style="width: 90%;" type="text"/> |
| 2. AMOUNT REMITTED | \$ <input style="width: 90%;" type="text"/> |

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 MM|DD|YY

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