

DELAWARE DIVISION OF REVENUE

WITHHOLDING TAX RETURN

FORM W1 9301



DF60018019999

| | | | |
|----------------|---------------------|-------------------|------------------|
| ACCOUNT NUMBER | FOR OFFICE USE ONLY | TAX PERIOD ENDING | DUE ON OR BEFORE |
|----------------|---------------------|-------------------|------------------|

WM

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 19899-8330

| | |
|---------------------------------|--|
| 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 and write an explanation on the back of this form.

TELEPHONE NUMBER: _____
EMAIL ADDRESS: _____ DATE: / /

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

(Rev 09/2018)

CUT ABOVE AND RETURN