



ACCOUNT NUMBER

TAX PERIOD ENDING

DUE ON OR BEFORE

--	--	--

CHANGES MUST BE MADE ON THE REQUEST FOR CHANGE FORM.  
CHECK THE BOX IF YOU ARE FILING A CHANGE FORM.

CHECK THE BOX IF W-2(S) AND/OR 1099s ARE BEING SUBMITTED  
ELECTRONICALLY.

**Taxpayer Name:**

**Taxpayer Address:**

**Mail This Form With Remittance Payable To:**  
**STATE OF DELAWARE DIVISION OF REVENUE**  
P.O. BOX 830  
WILMINGTON, DE 19899-0830  
If you have questions, call (302) 577-8779

1. Amount of Delaware Wages	
2. Number of Withholding Statements (Form W-2 and/or 1099 attached.)	
3. Total Delaware Income Tax <b>WITHHELD</b> from Wages. (as shown on attached forms).	
4. Total Delaware Income Tax <b>PAID</b> during the year.	
5. Difference between Line 3 and Line 4.	
Enter the amount in 5a if there is any Balance Due	5a
Enter the amount in 5b if there is any Overpayment	5b

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

**X** \_\_\_\_\_  
AUTHORIZED SIGNATURE

TELEPHONE NUMBER \_\_\_\_\_

DATE MM | DD | YY

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

EMAIL ADDRESS \_\_\_\_\_

**WITHHOLDING WORKSHEET**

TAX PAID	TAX WITHHELD	TAX PAID	TAX WITHHELD
Jan. _____	_____	July _____	_____
Feb. _____	_____	Aug. _____	_____
Mar. _____	_____	Sept. _____	_____
Apr. _____	_____	Oct. _____	_____
May _____	_____	Nov. _____	_____
June _____	_____	Dec. _____	_____
<b>TOTAL TAX PAID FOR THIS YEAR</b> (Enter amount on Line 4) \$ _____		<b>TOTAL TAX WITHHELD</b> (Should agree with Line 3) \$ _____	

