



DELAWARE FORM

DIVISION OF REVENUE WTH-TAX



WITHHOLDING TAX RETURN

AMENDED

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

IMPORTANT: QUARTERLY FILERS MUST FILE EACH RETURN REGARDLESS OF THE AMOUNT OF DELAWARE TAXES WITHHELD DURING THE PERIOD INDICATED.

NAME AND ADDRESS

[Large empty area for Name and Address]

- 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.

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

AUTHORIZED SIGNATURE	DATE	PHONE NUMBER	EMAIL
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MAIL COMPLETED FORM WITH
 REMITTANCE PAYABLE TO:
 Delaware Division of Revenue
 PO Box 830
 Wilmington, DE 19899-8330