



# 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

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

MAIL COMPLETED FORM WITH  
REMITTANCE PAYABLE TO:  
Delaware Division of Revenue  
PO Box 830  
Wilmington, DE 19899-8330