DELAWARE DIVISION OF REVENUE

WITHHOLDING TAX RETURN FORM W1A 9301

DF60018019999

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

W8

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