



# DELAWARE F O R M DIVISION OF REVENUE **WTH-TAX**



## WITHHOLDING TAX RETURN

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

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

### NAME AND ADDRESS

1.	<b>DELAWARE INCOME TAX WITHHELD</b>	\$	
2.	<b>AMOUNT REMITTED</b>	\$	
If Line 2 does not equal Line 1, indicate the Tax Period End for which an adjustment is being made.			

MAIL COMPLETED FORM WITH  
REMITTANCE PAYABLE TO:  
Delaware Division of Revenue  
PO Box 830  
Wilmington, DE 19899-0830