

# DELAWARE DIVISION OF REVENUE

ANNUAL RECONCILIATION OF DE INCOME TAX WITHHELD FORM W3A 9801



DF60116019999

ACCOUNT NUMBER	FOR OFFICE USE ONLY	TAX PERIOD ENDING	DUE ON OR BEFORE
			WR8

**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

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

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



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 from back of this form.	
5. Difference between Line 3 and Line 4	
Overpayment <input type="checkbox"/> Balance Due <input type="checkbox"/>	

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

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

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

DATE MM | DD | YY

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

## WITHHOLDING WORKSHEET

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

(CUT ON LINE ABOVE)