



ACCOUNT NUMBER

TAX PERIOD ENDING

DUE ON OR BEFORE

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

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

Taxpayer Name:

1. Amount of Delaware Wages.

Taxpayer Address:

2. Number of Withholding Statements.
(Form W-2 and/or 1099 attached.)

3. Total Delaware Income Tax **WITHHELD**
from Wages. (as shown on attached forms).

4. Total Delaware Income Tax **PAID** during the year.

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

5. Difference between Line 3 and Line 4.
Enter the amount in **5a** if there is any Balance Due **5a**

Enter the amount in **5b** if there is any Overpayment **5b**

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

X

AUTHORIZED SIGNATURE

TELEPHONE NUMBER

DATE

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

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)

