



## ANNUAL RECONCILIATION OF DELAWARE INCOME TAX WITHHELD

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

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 WITHHELD from Wages (as shown on attached forms.)
- 4. Total Delaware Income Tax PAID during the year
- 5a. OVERPAYMENT
  - Difference between Line 3 and Line 4
- 5b. BALANCE DUE
  - Difference between Line 3 and Line 4
- 6. TOTAL REMITTANCE

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

## WITHHOLDING WORKSHEET

|   | TAX PAID | TAX WITHHELD |  | TAX PAID  | TAX WITHHELD |
|---|----------|--------------|--|-----------|--------------|
| JANUARY   |          |              | JULY   |           |              |
| FEBRUARY  |          |              | AUGUST   |           |              |
| MARCH   |          |              | SEPTEMBER                                      |           |              |
| APRIL   |          |              | OCTOBER  |           |              |
| MAY   |          |              | NOVEMBER                                       |           |              |
| JUNE  |          |              | DECEMBER                                       |           |              |
| TOTAL TAX PAID FOR THE<br>Enter amount  |          |              | TOTAL TAX WITHHELD<br>Should agree with Line 3 |           |              |
| declare under penalties of perjury that this is a true, correct, and complete return. |          |              |  |           |              |
| AUTHORIZED SIGNATURE  |          | DATE (       | @ EMAIL  | J PHONE I | NUMBER       |



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