



DELAWARE F O R M
DIVISION OF REVENUE **WTH-REC**
ANNUAL RECONCILIATION OF DELAWARE
INCOME TAX WITHHELD



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

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☐ 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.

NAME ADDRESS

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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 THIS YEAR Enter amount on Line 4			TOTAL TAX WITHHELD Should agree with Line 3		

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

AUTHORIZED SIGNATURE

DATE

@ EMAIL

PHONE NUMBER

**MAIL COMPLETED FORM WITH
REMITTANCE PAYABLE TO:**
Delaware Division of Revenue
PO Box 8750
Wilmington, DE 19899-8750