

DELAWARE DIVISION OF REVENUE

ANNUAL RECONCILIATION OF DE INCOME TAX WITHHELD FORM W3 9801



DF60116019999

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

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 WITHHELD from Wages (as shown on attached forms.)	
4. Total Delaware Income Tax PAID 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)