

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 **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 Balance Due

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



AUTHORIZED SIGNATURE

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

TELEPHONE NUMBER

DATE

EMAIL ADDRESS

WITHHOLDING WORKSHEET

TAX PAID

TAX WITHHELD

TAX PAID

TAX WITHHELD

Jan.
Feb.
Mar.
Apr.
May
June

July
Aug.
Sept.
Oct.
Nov.
Dec.

TOTAL TAX PAID FOR THIS YEAR
(Enter amount on Line 4)

\$

TOTAL TAX WITHHELD
(Should agree with Line 3)

\$

(CUT ON LINE ABOVE)