

**Please Note:** Delaware's annual reconciliation forms include both a front and back side. Software Developers should include both sides on their vouchers, if possible.

There is one **change** to the 2008 annual reconciliation forms:

The statement: "CHECK THE BOX IF W-2(S) AND/OR 1099s ARE BEING SUBMITTED ON MAGNETIC MEDIA"

should now read: "CHECK THE BOX IF W-2(S) AND/OR 1099s ARE BEING SUBMITTED ELECTRONICALLY."

Please contact Angela Moffett at (302) 577-8522 or [angela.moffett@state.de.us](mailto:angela.moffett@state.de.us) if you have any questions regarding these forms.

# DELAWARE DIVISION OF REVENUE

WR8

## ANNUAL RECONCILIATION TRANSMITTAL OF DELAWARE INCOME TAX WITHHELD - FORM W-3A/W-2 9801

ACCOUNT NUMBER	TAX PERIOD ENDING	DUE ON OR BEFORE
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Mail This Form With Remittance Payable To:

**STATE OF DELAWARE**

DIVISION OF REVENUE

P.O. BOX 8995

WILMINGTON, DE 19899-8995

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 <b>WITHHELD</b> From Wages (as shown on attached forms)																				
4. Total Delaware Income Tax <b>PAID</b> 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

If desired, provide an E-mail address where we may contact you regarding this return.

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DO NOT WRITE ABOVE THIS LINE

TAX PAID		TAX WITHHELD		TAX PAID		TAX WITHHELD		TAX PAID		TAX WITHHELD	
Jan.	_____	_____	_____	May	_____	_____	_____	Sept.	_____	_____	_____
Feb.	_____	_____	_____	June	_____	_____	_____	Oct.	_____	_____	_____
Mar.	_____	_____	_____	July	_____	_____	_____	Nov.	_____	_____	_____
Apr.	_____	_____	_____	Aug.	_____	_____	_____	Dec.	_____	_____	_____

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

TOTAL TAX WITHHELD  
(Should agree with Line 3)           \$ \_\_\_\_\_