STATE OF DELAWARE
Department of Finance
Division of Revenue
820 N. French Street
P.O. Box 8911
Wilmington, Delaware 19899-8911

2011

CLAIM FOR REVISION
FOR MONTHLY/QUARTERLY FILERS
DELAWARE INCOME TAX WITHHELD

FORM 1049W99701

REV CODE 089 -42

THIS FORM WILL BE COMPLETED BY EMPLOYERS NEEDING TO FILE AMENDED MONTHLY AND/OR QUARTERLY WITHHOLDING TAX RETURNS

1. Enter Account Number

2. Business Name

3. Trade Name if Different from Above

4. Business Location Address

City State Zip Code

5. Mailing Address if Different

City State Zip Code

If filing corrected W-2s, indicate the number of W-2s attached. _____

How many W-2s were filed with the original return? _____

Tax Period Ending (A)	Originally Reported (B)	Corrected Amount (C)	Amount of Change (D) (+ or -)	(For Office Use Only) (E)
01/31/				
02/28/				
03/31/				
04/30/				
05/31/				
06/30/				
07/31/				
08/31/				
09/30/				
10/31/				
11/30/				
12/31/				
Total				

TOTAL AMOUNT DUE $_____

or

TOTAL AMOUNT OF OVERPAYMENT (Amount to be refunded, see instructions.) $_____

SIGNATURE TELEPHONE NUMBER DATE

I declare under penalties as provided by law that the information on this application is true, correct and complete.

Revised 11/21/11

2011

GENERAL INSTRUCTIONS
FORM 1049W99701

Section 537 of Title 30 of the Delaware Code provides that no credit or refund will be made to any employer if the employer was required and deducted Delaware withholding taxes from its employees. In such cases the employee must file a Delaware personal income tax return to claim the over withheld income taxes. An employer is permitted to request a refund of Delaware withholding only when such amount was overpaid and not withheld from its employees.

Generally, refunds of withholding taxes are not issued until the annual reconciliation is filed. Most overpayments are applied by the use of filing amended returns and applying the overpayment to offset an existing or future liability for the current year. However, if the overpayment is excessive, use the Claim for Revision Form 1049W99701 to request consideration of a refund of the overpayment during the calendar year. You may also use this form if after filing your W-3 Reconciliation you find that an error was made on am employee's W-2 or on the amounts reported as being paid or other error made on the original filing of the W-3. Be sure to complete all information requested on this form. Do not send duplicate copies of all your W-2s; send only the W-2s on which a correction was made to the Delaware information. You do not need to file a corrected W-2 with us if only the Federal information is being corrected.

Use the Monthly or Quarterly Amended returns in your coupon booklet if only one return needs to be amended.

The Claimant believes that this claim should be allowed for the following reasons: (Attach an additional sheet if needed.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

SPECIFIC LINE INSTRUCTIONS

Line 1. Enter the identification number under which tax returns have been filed. You should be using a Federal Employer Identification number. If you are currently filing under a temporary identification number assigned by us, enter that number and provide us with your Federal Employer Identification number as soon as you get it.

Line 2. Enter the business name.

Line 3. Enter the trade name of your business if trading under a name other than your business name.

Line 4. Enter the location address of your business; be sure to include street, city, state and nine-digit zip code.

Line 5. Enter the mailing address of your business if different from the address on Line 4.

Please indicate the number of corrected W-2s supplied. Only provide copies of W-2s where the Delaware wages or Delaware amount withheld was corrected.

In the first column, (Column A), **Tax Period Ending**, please enter the tax year ending. If amending more than one tax year, a separate Claim for Revision must be completed for each year.

In the second column, (Column B), **Originally Reported**, please enter the amount of tax originally reported and paid for each tax period. Provide a breakdown for each month even if you filed your returns quarterly.

In the third column, (Column C), **Corrected Amount**, please enter the corrected amount of tax withheld for each month.

In the fourth column, (Column D), **Amount of Change,** please enter the difference between Columns B and C. If the amount is a negative amount, please enclose the figure in brackets.

Please submit any additional tax owed with the filing of this return.

Total Columns B, C and D.

Revised 11/21/11