

DELAWARE DIVISION OF REVENUE

ANNUAL RECONCILIATION OF DELAWARE INCOME TAX WITHHELD - FORM **W3/W29801**



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

STATE OF DELAWARE

DIVISION OF REVENUE

P.O. BOX 8754

WILMINGTON, DE 19899-8754

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.**

If you have questions,
call (302) 577-8779.



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"/>	

X

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

TELEPHONE NUMBER _____

DATE _____



E-mail address where we may contact you regarding this return.