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**DELAWARE DIVISION OF REVENUE**  
WITHHOLDING TAX RETURN - FORM W1A 9301



ACCOUNT NUMBER	[REDACTED]	TAX PERIOD ENDING	DUE ON OR BEFORE
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IMPORTANT: MONTHLY AND QUARTERLY FILERS MUST FILE EACH RETURN REGARDLESS OF THE AMOUNT OF DELAWARE TAXES WITHHELD DURING THE PERIOD INDICATED.

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

**CHANGES MUST BE MADE ON THE REQUEST FOR CHANGE FORM. CHECK THE BOX IF YOU ARE FILING A CHANGE FORM.**

**Mail This Form With Remittance Payable To:**

**STATE OF DELAWARE**  
DIVISION OF REVENUE  
P.O. BOX 8754  
WILMINGTON, DE 19899-8754

1. DELAWARE INCOME TAX WITHHELD	<input type="text"/>	•	<input type="text"/>
2. AMOUNT REMITTED	<input type="text"/>	•	<input type="text"/>

If Line 2 does not equal Line 1, indicate the Tax Period End **MM DD YY** for which an adjustment is being made and write an explanation on the back of this form.

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

TELEPHONE NUMBER \_\_\_\_\_  
EMAIL ADDRESS \_\_\_\_\_

DATE **MM DD YY**