DELAWARE DIVISION OF REVENUE

WITHHOLDING TAX RETURN - FORM W1Q 9701

ACCOUNT NUMBER	[redacted]	TAX PERIOD ENDING	DUE ON OR BEFORE

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.

Mail This Form With Remittance Payable To:

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

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

1. DELAWARE INCOME TAX WITHHELD		.
2. AMOUNT REMITTED		.

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