



# DELAWARE DIVISION OF REVENUE

ANNUAL RECONCILIATION OF DELAWARE INCOME TAX WITHHELD - FORM W3A 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	<input type="text"/>	•	<input type="text"/>
2. Number of Withholding Statements (Form W-2 and/or 1099 attached.)	<input type="text"/>	•	<input type="text"/>
3. Total Delaware Income Tax <b>WITHHELD</b> from Wages (as shown on attached forms.)	<input type="text"/>	•	<input type="text"/>
4. Total Delaware Income Tax <b>PAID</b> during the year from back of this form.	<input type="text"/>	•	<input type="text"/>
5. Difference between Line 3 and Line 4	<input type="text"/>	•	<input type="text"/>
Overpayment	<input type="text"/>		Balance Due <input type="text"/>

(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 **MM** | **DD** | **YY**

EMAIL ADDRESS