DELAWARE DIVISION OF REVENUE

ANNUAL RECONCILIATION OF DELAWARE INCOME TAX WITHHELD - FORM W3 9801

DF60115019991

ACCOUNT NUMBER	VERIFY BUSINESS FEIN OR SSN	TAX PERIOD ENDING	DUE ON OR BEFORE

Mail This Form With Remittance Payable To:

STATE OF DELAWARE
DIVISION OF REVENUE
P.O. BOX 830
WILMINGTON, DE 19899-0830

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	
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 / Balance Due	

(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

EMAIL ADDRESS

DATE MM DD YY