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DELAWARE DIVISION OF REVENUE

ANNUAL RECONCILIATION OF DELAWARE INCOME TAX WITHHELD - FORM W3A 9801



ACCOUNT NUMBER	VERIFY BUSINESS FEIN OR SSN	TAX PERIOD ENDING	DUE ON OR BEFORE	DF60115019991
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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.

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



<input type="checkbox"/>	CHECK THE BOX IF W-2(S) AND/OR 1099s ARE BEING SUBMITTED ELECTRONICALLY.	<input type="checkbox"/>
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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"/>

(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