

03 04 05 06 07 08 09 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82

**DELAWARE DIVISION OF REVENUE**  
ANNUAL RECONCILIATION OF DELAWARE INCOME TAX WITHHELD - FORM W3 9801



DF60115019999

**WR**

ACCOUNT NUMBER	FOR OFFICE USE ONLY	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

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

CHECK THE BOX IF W-2(S) AND/OR 1099s  
ARE BEING SUBMITTED ELECTRONICALLY.



1. Amount of Delaware Wages	
2. Number of Withholding Statements (Form W-2 and/or 1099 attached.)	
3. Total Delaware Income Tax <b>WITHHELD</b> from Wages (as shown on attached forms.)	
4. Total Delaware Income Tax <b>PAID</b> 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**