DELAWARE DIVISION OF REVENUE

ANNUAL RECONCILIATION OF DELAWARE INCOME TAX WITHHELD - FORM W3A 9801

DF60115019999

WR8

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

☐ 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 M M D D Y Y