DELAWARE DIVISION OF REVENUE

WITHHOLDING TAX RETURN - FORM W1Q 9701

DF60015019999

WQ

ACCOUNT NUMBER	FOR OFFICE USE ONLY	TAX PERIOD ENDING	DUE ON OR BEFORE

IMPORTANT: MONTHLY AND QUARTERLY FILERS MUST FILE EACH RETURN REGARDLESS OF THE AMOUNT OF DELAWARE TAXES WITHHELD DURING THE PERIOD INDICATED.

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. ☐

Mail This Form With Remittance Payable To:

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

1. DELAWARE INCOME TAX WITHHELD	$
2. AMOUNT REMITTED	$

If Line 2 does not equal Line 1, indicate the Tax Period End MM DD YY for which an adjustment is being made and write an explanation on the back of this form.

TELEPHONE NUMBER

EMAIL ADDRESS

DATE MM DD YY

X

AUTHORIZED SIGNATURE

I declare under penalties of perjury that this is a true, correct and complete return.