

DELAWARE DIVISION OF REVENUE

ANNUAL RECONCILIATION OF DE INCOME TAX WITHHELD FORM W3 9801



DF60116019999

ACCOUNT NUMBER	FOR OFFICE USE ONLY	TAX PERIOD ENDING	DUE ON OR BEFORE	<b>WR</b>
----------------	---------------------	-------------------	------------------	-----------

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 <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