

DELAWARE DIVISION OF REVENUE
WITHHOLDING TAX RETURN

FORM W1Q 9701



DF60016019999

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

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.