2010 Delaware Withholding Record Code Table Information Sheet for Monthly Filing

Withholding Scanline and Design Clarification for Software Developers

(To be used in conjunction with the *Scanline Spec Sheet*.)

The approximate size of a Withholding Coupon is not to exceed 8 ½” x 3 ¾”.
Withholding Coupons are to be personalized with the taxpayer’s name, address and other variable information.
Variable information can be displayed in any readable font that fits within the space provided.

There is one scanline for each personalized coupon. It is 54 characters in length. The scanline must be in OCRA font.
It must appear at the center of an invisible block on each form whose base is 2.4” from the bottom of the form
and whose top is 2.9” inches from the bottom of the form. The scanline must begin .25” to .50” away from the left edge.
Print quality of the scanline must be at a 99% rate.

All Withholding Coupons must pass both a ***Design Approval*** process and a ***Test Document*** process.

For Design Approval, e-mail a PDF or mail a hardcopy of the coupon - one for each filing frequency -
to the Delaware Division of Revenue. This coupon does not need to be personalized.

For Test Document Approval, please mail only pre-cut hardcopies to the Division of Revenue.
One test document must be submitted for each type of form, as well as for each Tax Period End Date the form is reproduced.
All test documents must be personalized with sample variable information.
All must include (somewhere on the coupon) the name of the software company for identification purposes.

Attn: Angela Moffett-Batty
Delaware Division of Revenue
820 N. French Street
Wilmington, DE 19801

Scanline Information for a Monthly Withholding Form:

Revenue Code	Sub-Type	Filing Frequency	Tax Period End Date	Due Date
0089	01	06	Last Day of the Month	15 Days After Tax Period End

Sample Monthly Withholding Form Design:

*Information highlighted below in **Red** is unique to Monthly forms. Variable information is highlighted below in **Purple**.*

DELAWARE DIVISION OF REVENUE

WITHHOLDING TAX RETURN - FORM W1 9301

WM

ACCOUNT NUMBER	TAX PERIOD ENDING	DUE ON OR BEFORE
1-234567890-002	08-31-2010	09-15-2010

Invisible Scanline Area

0089010612345678900020831100915100000000000000000000007

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 8754
WILMINGTON, DE 19899-8754

1. DELAWARE INCOME TAX WITHHELD	
2. AMOUNT REMITTED	

ABC Cleaners
121 Main Street
Dover, DE 19901

If Line 2 does not equal Line 1, indicate the Tax Period End _____ for which an adjustment is being made and write an explanation on the back.

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

If desired, provide an E-mail address where we may contact you regarding this return.

TELEPHONE NUMBER _____ DATE _____