

# DELAWARE DIVISION OF REVENUE

WITHHOLDING TAX RETURN - FORM **W1 9301**

**WM**

ACCOUNT NUMBER	TAX PERIOD ENDING	DUE ON OR BE FORE
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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



<b>1. DELAWARE INCOME TAX WITHHELD</b>	
<b>2. AMOUNT REMITTED</b>	

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 \_\_\_\_\_