STATE OF DELAWARE

Department of Finance Division of Revenue 820 N. French Street P.O. Box 8911 Wilmington, Delaware 19899-8911

CLAIM FOR REVISION FOR EIGHTH MONTHLY FILERS DELAWARE INCOME TAX WITHHELD

REV CODE/SUB-TYPE 0089

THIS FORM TO BE USED BY EIGHTH MONTHLY FILING WITHHOLDING AGENTS TO FILE AN AMENDED EIGHTH MONTHLY WITHHOLDING TAX RETURN

FORM 1049W89701

1.	Enter Account Number -		2. Calendar Year to be Adjusted
3.	Business Name		
4.	Trade Name if Different from Above		
5.	Business Location Address	6.	Mailing Address if Different
	City		City
	State Z ip Code		State Z ip Code
lf f	ling corrected W-2s, indicate the number of W-2s attached.		

How many W-2s were filed with the original return?

(A)	(B)	(C)	(D)
TAX PERIOD ENDING	ORIGINALLY REPORTED	CORRECTED AMOUNT	AMOUNT OF CHANGE
01/31/			
02/28/			
03/31/			
04/30/			
05/31/			
06/30/			
07/31/			
08/31/			
09/30/			
10/31/			
11/30/			
12/31/			
Total			

TOTAL AMOUNT DUE

or

TOTAL AMOUNT	OF OVERPAYMENT	Amount to be refunded,	see instructions.)

\$

ctions.) \$

SIGNATURE

TELEPHONE NUMBER

DATE

I declare under penalties as provided by law that the information on this application is true, correct and complete.



FORM 1049W_89701



QUARTERLY RECONCILIATION OF DELAWARE TAX WITHHELD

MONTH JANUARY	CORRECTED TAX WITHHELD	AMOUNT REMITTED	MONTH FEBRUARY	CORRECTED TAX WITHHELD	AMOUNT REMITTED	MONTH MARCH	CORRECTED TAX WITHHELD	AMOUNT REMITTED
1st-3rd			1st-3rd			1st-3rd		
4th-7th			4th-7th			4th-7th		
8th-11th			8th-11th			8th-11th		
12th-15th			12th-15th			12th-15th		
16th-19th			16th-19th			16th-19th		
20th-22nd			20th-22nd			20th-22nd		
23rd-25th			23rd-25th			23rd-25th		
26th-LAST			26th-LAST			26th-LAST		
TOTAL			TOTAL			TOTAL		

MONTH APRIL	CORRECTED TAX WITHHELD	AMOUNT REMITTED	MONTH MAY	CORRECTED TAX WITHHELD	AMOUNT REMITTED	MONTH JUNE	CORRECTED TAX WITHHELD	AMOUNT REMITTED
1st-3rd			1st-3rd			1st-3rd		
4th-7th			4th-7th			4th-7th		
8th-11th			8th-11th			8th-11th		
12th-15th			12th-15th			12th-15th		
16th-19th			16th-19th			16th-19th		
20th-22nd			20th-22nd			20th-22nd		
23rd-25th			23rd-25th			23rd-25th		
26th-LAST			26th-LAST			26th-LAST		
TOTAL			TOTAL			TOTAL		

MONTH JULY	CORRECTED TAX WITHHELD	AMOUNT REMITTED	MONTH AUGUST	CORRECTED TAX WITHHELD	AMOUNT REMITTED	MONTH SEPTEMBER	CORRECTED TAX WITHHELD	AMOUNT REMITTED
1st-3rd			1st-3rd			1st-3rd		
4th-7th			4th-7th			4th-7th		
8th-11th			8th-11th			8th-11th		
12th-15th			12th-15th			12th-15th		
16th-19th			16th-19th			16th-19th		
20th-22nd			20th-22nd			20th-22nd		
23rd-25th			23rd-25th			23rd-25th		
26th-LAST			26th-LAST			26th-LAST		
TOTAL			TOTAL			TOTAL		

MONTH OCTOBER	CORRECTED TAX WITHHELD	AMOUNT REMITTED	MONTH NOVEMBER	CORRECTED TAX WITHHELD	AMOUNT REMITTED	MONTH DECEMBER	CORRECTED TAX WITHHELD	AMOUNT REMITTED
1st-3rd			1st-3rd			1st-3rd		
4th-7th			4th-7th			4th-7th		
8th-11th			8th-11th			8th-11th		
12th-15th			12th-15th			12th-15th		
16th-19th			16th-19th			16th-19th		
20th-22nd			20th-22nd			20th-22nd		
23rd-25th			23rd-25th			23rd-25th		
26th-LAST			26th-LAST			26th-LAST		
TOTAL			TOTAL			TOTAL		

The Claimant believes that this claim should be allowed for the following reasons: (Attach an additional sheet if needed.)

