DEPARTMENT OF REVENUE

State Income Tax Withholding Return

FORM WITH-01

1. EMPLOYER INFORMATION

BUSINESS NAME

FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)

STATE TAX IDENTIFICATION NUMBER

TAX PERIOD (MM/DD/YYYY - MM/DD/YYYY)

MAILING ADDRESS

CITY

STATE

ZIP CODE

2. FILING FREQUENCY

☐ Monthly
☐ Quarterly
☐ Annually

3. TAX CALCULATION

Line Item Description		Amount
1	Total Gross State Wages Paid this Period	
2	Total State Income Tax Withheld	
3	Adjustments (Attach explanation)	
4	Net Tax Due (Line 2 plus or minus Line 3)	
5	Interest and Penalty (If filing/paying late)	
6	**Total Amount Due / Payment Enclosed**	

4. SIGNATURE AND DECLARATION

I declare under penalties of perjury that this return has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

AUTHORIZED SIGNATURE

TITLE

DATE

PRINTED NAME

PHONE NUMBER