

**2018**

**DELAWARE DIVISION OF REVENUE  
Electronic Filer Payment Voucher  
Corporate Form 1100-V**

DO NOT WRITE OR STAPLE IN THIS AREA

1. Employer Identification Number <input type="text"/>	2. Fiscal Year End MM DD 2018	3. Amount of the payment you are making \$ <input type="text"/>
4. Business entity is a: <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation	5. Corporation Name Address City State Zip Code	

(Rev 10/2018)



DF68118019999

-----  
**DETACH HERE AND MAIL TOP PORTION WITH YOUR PAYMENT**