RETURN WITH INSTALLMENT DUE

| TAXPAYER SOC. SEC. NO.                             | SPOUSE SOC. SEC. | NO.                 | TAXABLE YEAR |  |
|--|------------------|---------------------|--------------|--|
| ENTER LAST NAME, FIRST NAME, SPOUSE NAME & ADDRESS |                  |                     |              |  |
| Last Name  |                  | First Name          |              |  |
|  |                  |                     |              |  |
| Spouse's Last Name                                 |                  | Spouse's First Name |              |  |
| Street Address                                     |                  |                     |              |  |
|  |                  |                     |              |  |
| City   |                  | State               | Zip Code     |  |
| (Revised 09/2018)                                  |                  |                     |              |  |

| Amount of this installment  |  |
|---|--|
| Amount of unused overpayment credit, if any, applied to this installment (see instructions) |  |
| Amount of this installment payment (line 1 less line 2)                                     |  |

## RETURN THIS COPY WITH YOUR CHECK PAYABLE TO:

DIVISION OF REVENUE

P.O. BOX 830, WILMINGTON, DELAWARE 19899-0830 File Online at www.revenue.delaware.gov - It's Quick and Easy!



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