## DELAWARE DIVISION OF REVENUE

Mail This Form With Remittance Payable To: Delaware Division of Revenue P.O. Box 830, Wilmington, DE 19899-0830

FORM 1100-T - DELAWARE CORPORATE TENTATIVE TAX RETURN

ACCOUNT NUMBER

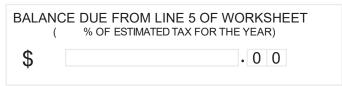
VERIFY BUSINESS FEIN

CALENDAR OR FISCAL YEAR ENDING

DUE ON OR BEFORE

VOUCHER

Check Here If A Request For Change Form Is Being Filed	





CHANGES MUST BE MADE ON THE REQUEST FOR CHANGE FORM. CHECK THE BOX IF YOU ARE FILING A CHANGE FORM.

X	
AUTHORIZED SIGNATURE	I declare under penalties of perjury that this is

TELEPHONE NUMBER DATE

EMAIL ADDRESS

(Cut Coupon on Line Above)

## TAXPAYERS WORKSHEET AND RECORD OF PAYMENTS

1. Estimate Delaware taxable income for the year.	\$	.00
2. Multiply Line 1 by Corporate Income Tax Rate.	X	.087
3. Enter result on Line 3.	\$	.00

PLEASE NOTE: Voucher 1 (T-1) is due the 15th day of the 4th month following the end of the year. Voucher 2 (T-2) is due the 15th day of the 6th month following the end of the year. Voucher 3 (T-3) is due the 15th day of the 9th month following the end of the year. Voucher 4 (T-4) is due the 15th day of the 12th month following the end of the year.

1. Estimated Liability for Year.	\$	.00
2. Percentage Due.	X	%
3. Multiply Line 1 by Line 2.	\$	.00
4. Less Credit Carryover Unused.	\$	.00
5. Line 3 minus Line 4 (cannot be less than zero)	\$	.00

Please fill in the federal identification number, business name and address in the spaces provided. Sign and date the return and supply a telephone number where we may contact someone regarding this information.