

**DELAWARE DIVISION OF REVENUE  
FORM 1100-P – “S” CORPORATION PERSONAL INCOME TAX**

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

ACCOUNT NUMBER	VERIFY BUSINESS FEIN	CALENDAR OR FISCAL YEAR ENDING	DUE ON OR BEFORE	VOUCHER
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Check Here If A  
Request For  
Change Form Is  
Being Filed

BALANCE DUE FROM LINE 3 OF WORKSHEET  
( % OF ESTIMATED TAX FOR THE YEAR)

\$  . 0 0



DF62016019999

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 a true, correct and complete form.

TELEPHONE NUMBER \_\_\_\_\_

DATE MM | DD | YY

EMAIL ADDRESS \_\_\_\_\_



(Cut Coupon on Line Above)

**TAXPAYERS WORKSHEET AND RECORD OF PAYMENTS  
CALCULATION OF ESTIMATED TAX DUE**

1. Estimated amount of distributive income for the taxable year. \$ \_\_\_\_\_ .00

2a. Total percentage of stock owned by non-resident shareholders. X \_\_\_\_\_ %

2b. Multiply Line 1 by Line 2a and enter result on Line 2b. \$ \_\_\_\_\_ .00

3. Multiply Line 2b by 6.60% and enter the result on Line 3.  
(This is the total amount of personal income tax required to be paid on behalf of the non-resident shareholders.) \$ \_\_\_\_\_ .00

1. Estimated Liability for Year. \$ \_\_\_\_\_ .00

2. Percentage Due. X \_\_\_\_\_ .50

3. Multiply Line 1 by Line 2. Amount Due. \$ \_\_\_\_\_ .00

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

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