



# DELAWARE 2023

DIVISION OF REVENUE F O R M

**CORPORATE INCOME TAX REQUEST FOR EXTENSION**  
**FORMERLY 1100T-EXT**



Taxpayer ID

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Calendar or Fiscal  
Year Ending

Due on or before

Extension to

Name of Corporation

Street Address

City

State

Zip Code

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<b>BALANCE DUE FROM LINE 7 OF WORKSHEET</b>	.00
<b>AMOUNT OF THIS PAYMENT</b>	.00

 Check here if a request for change form is being filed

**TAXPAYER'S WORKSHEET AND RECORD OF PAYMENTS**

<b>1. ESTIMATED DELAWARE TAXABLE INCOME FOR THE YEAR</b>		1. \$	.00
<b>2. CORPORATE INCOME TAX RATE</b>		2.	8.70 %
<b>3. Multiply</b> Line 1 by Line 2	🧮	3. \$	.00
<b>4. ESTIMATED TAX PAID</b>		4. \$	.00
<b>5. Subtract</b> Line 4 from Line 3	🧮	5. \$	.00
<b>6. LESS CREDIT CARRYOVER</b>		6. \$	.00
<b>7. AMOUNT DUE WITH EXTENSION - Subtract</b> Line 6 from Line 5	🧮	7. \$	.00

**BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS**  
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

**MAIL COMPLETED FORM WITH**   
**REMITTANCE PAYABLE TO:**  
Delaware Division of Revenue  
PO Box 0830  
Wilmington, DE 19899-0830

 AUTHORIZED SIGNATURE

 DATE

PRINTED NAME OF AUTHORIZED SIGNER

PHONE NUMBER

EMAIL ADDRESS

DO NOT CUT THIS PAGE

