



# DELAWARE F O R M 2023

## DIVISION OF REVENUE CIT-VCH

### ELECTRONIC FILER CORPORATION PAYMENT VOUCHER FORMERLY 1100V



<p>Employer Identification Number</p> <div style="border: 1px solid black; padding: 2px; display: flex;"> <span style="background-color: #0070C0; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">1</span> <table border="1" style="border-collapse: collapse; width: 100%; height: 20px;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> </div>												<p>Fiscal or Calendar Year End (MM-DD-YYYY)</p> <div style="border: 1px solid black; padding: 2px; display: flex;"> <span style="background-color: #0070C0; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">2</span> <input style="width: 90%; height: 20px;" type="text"/> </div>	<p>Amount of the Payment</p> <div style="border: 1px solid black; padding: 2px; display: flex;"> <span style="background-color: #0070C0; color: white; border-radius: 5px; padding: 2px 5px; margin-right: 5px;">3</span> <span style="font-size: 24px; margin-right: 5px;">\$</span> <input style="width: 90%; height: 20px;" type="text"/> </div>
<p>Corporation Name</p> <div style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> <p>Street Address</p> <div style="border: 1px solid black; height: 25px; margin-bottom: 5px;"></div> <p>City</p> <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="border: 1px solid black; width: 60%; height: 25px;"></div> <div style="border: 1px solid black; width: 15%; height: 25px; text-align: center; font-size: 10px;">State</div> <div style="border: 1px solid black; width: 15%; height: 25px; text-align: center; font-size: 10px;">Zip Code</div> </div>													

**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 2044  
 Wilmington, DE 19899-2044

SIGNATURE OF OFFICER OR REPRESENTATIVE	DATE
TITLE OF OFFICER	
PHONE NUMBER	
EMAIL ADDRESS	

■ DO NOT CUT THIS PAGE ■

