



# DELAWARE 2025

DIVISION OF REVENUE FOR M

CIT-EST

## CORPORATE TENTATIVE TAX RETURN



Taxpayer ID

Calendar or Fiscal  
Year Ending

Due on or before

Voucher

Name of Corporation

Street Address

City

State

Zip Code

**BALANCE DUE FROM LINE 8 OF WORKSHEET**

\$

.00

**AMOUNT OF THIS PAYMENT**

\$

.00

 Check here if a request for change form is being filed
**DO NOT CUT THIS PAGE****TAXPAYER'S WORKSHEET AND RECORD OF PAYMENTS**

<b>1. ESTIMATE 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 LIABILITY FOR YEAR</b>		4.	\$		.00
<b>5. PERCENTAGE DUE</b>		5.			%
<b>6. Multiply</b> Line 4 by Line 5	⌨	6.	\$		.00
<b>7. LESS CREDIT CARRYOVER UNUSED</b>		7.	\$		.00
<b>8. Subtract</b> Line 7 from Line 6 (cannot be less than zero)	⌨	8.	\$		.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

