



DELAWARE 2024

DIVISION OF REVENUE FOR CIT-EXT

CORPORATE INCOME TAX REQUEST FOR EXTENSION



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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BALANCE DUE FROM LINE 7 OF WORKSHEET	.00
AMOUNT OF THIS PAYMENT	.00

 Check here if a request for change form is being filed
TAXPAYER'S WORKSHEET AND RECORD OF PAYMENTS

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

