



# DELAWARE 2024

DIVISION OF REVENUE FORM  
SCT-EXT

## S CORPORATION 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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<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

 **DO NOT CUT THIS PAGE**

TAXPAYER'S WORKSHEET AND RECORD OF PAYMENTS			
1.	<b>ESTIMATED AMOUNT OF DISTRIBUTIVE INCOME FOR THE TAXABLE YEAR</b>	1.	\$.00
2a.	<b>TOTAL PERCENTAGE OF STOCK OWNED BY NON-RESIDENT SHAREHOLDERS</b>	2a.	%
2b.	<b>Multiply</b> Line 1 by Line 2a	2b.	\$.00
3a.	<b>ENTER CORPORATION'S APPORTIONMENT PERCENTAGE</b>	3a.	%
3b.	<b>Multiply</b> Line 2b by Line 3a	3b.	\$.00
4.	<b>Multiply</b> Line 3b by 6.60% (This is the total amount of personal income tax required to be paid on behalf of the non-resident shareholders.)	4.	\$.00
5.	<b>ACTUAL TAX LIABILITY FOR THE YEAR</b>	5.	\$.00
6.	<b>ESTIMATED TAX PAID</b>	6.	\$.00
7.	<b>AMOUNT DUE WITH EXTENSION</b>	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

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