



# DELAWARE 2025

DIVISION OF REVENUE F O R M S C T - T A X

## S CORPORATION PERSONAL INCOME TAX



Taxpayer ID

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Calendar or Fiscal  
Year Ending

Due on or before

Voucher

Name of Corporation

Street Address

City

State

Zip Code

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<b>BALANCE DUE FROM LINE 6 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 - CALCULATION OF ESTIMATED TAX DUE**

<b>1. ESTIMATED AMOUNT OF DISTRIBUTIVE INCOME FOR THE TAXABLE YEAR</b>		1. \$ .00
<b>2a. TOTAL PERCENTAGE OF STOCK OWNED BY NON-RESIDENT SHAREHOLDERS</b>		2a. %
<b>2b. Multiply</b> Line 1 by Line 2a	⊞	2b. \$ .00
<b>3. Multiply</b> Line 2b by 6.60% (This is the total amount of personal income tax required to be paid on behalf of the non-resident shareholders.)	⊞	3. \$ .00
<b>4. ESTIMATED LIABILITY FOR YEAR</b>		4. \$ .00
<b>5. PERCENTAGE DUE</b>		5. %
<b>6. AMOUNT DUE - Multiply</b> Line 4 by Line 5	⊞	6. \$ .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

