



DELAWARE **2024**
 DIVISION OF REVENUE **F O R M**
 SCT-VCH
ELECTRONIC FILER S CORPORATION PAYMENT VOUCHER




1 Employer Identification Number	2 Fiscal or Calendar Year End (MM-DD-YYYY)	3 Amount of the Payment
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4 S Corporation Name

Street Address

City State Zip Code

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

