



DELAWARE 2024

DIVISION OF REVENUE F O R M PIT-EXT



APPLICATION FOR AUTOMATIC EXTENSION OF TIME TO FILE DELAWARE INDIVIDUAL INCOME TAX RETURN

| | | |
|---------------------|--------------------|----------|
| TAXPAYER ID | SPOUSE TAXPAYER ID | |
| TAXPAYER FIRST NAME | TAXPAYER LAST NAME | |
| SPOUSE FIRST NAME | SPOUSE LAST NAME | |
| STREET ADDRESS | | |
| CITY | STATE | ZIP CODE |

TAXABLE YEAR **2024** MUST BE FILED BY **APRIL 30, 2025**

| | | |
|--|----|-----|
| 1. Total Income Tax Liability You Expect to Owe | \$ | .00 |
| 2. Delaware Income Tax Withheld | \$ | .00 |
| 3. Tax Year: Estimated Tax Payments (Include prior year overpayments allowed as credit) | \$ | .00 |
| 4. Other Payments & Credits | \$ | .00 |
| 5. Total (Add Lines 2, 3, and 4) | \$ | .00 |
| 6. Balance Due Subtract Line 5 from Line 1 and remit the difference. If Line 5 is greater than Line 1, enter 0. | \$ | .00 |

File online at <https://tax.delaware.gov>

Mail to: State of Delaware, Division of Revenue, PO Box 830, Wilmington, DE 19899-0830

I DECLARE UNDER PENALTIES OF PERJURY, THAT THIS IS A TRUE, CORRECT AND COMPLETE RETURN.

TAXPAYER SIGNATURE

DATE

SPOUSE SIGNATURE

DATE

AN AUTOMATIC EXTENSION OF TIME UNTIL **OCTOBER 15, 2025** IS REQUESTED TO FILE DELAWARE PERSONAL INCOME TAX RETURN FOR **2024**.

DO NOT CUT THIS PAGE

