



**DELAWARE 2025**  
DIVISION OF REVENUE FORM  
CIT-VCH  
ELECTRONIC FILER CORPORATION PAYMENT VOUCHER



Employer Identification Number

1						
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Fiscal or Calendar Year End (MM-DD-YYYY)

2	
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Amount of the Payment

3	\$	
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Corporation Name

4	
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Street Address

4	
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City

4		State	Zip Code
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**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

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 PHONE NUMBER

--

 EMAIL ADDRESS

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**DO NOT CUT THIS PAGE**

