



DELAWARE 2025
DIVISION OF REVENUE F O R M
HMC-VCH
ELECTRONIC FILER HEADQUARTERS MANAGEMENT
CORPORATION PAYMENT VOUCHER



1	Taxpayer ID	2	Fiscal or Calendar Year End (MM-DD-YYYY)	3	Amount of the Payment
					\$
4	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

