



**DELAWARE 2025**  
DIVISION OF REVENUE FORM HMC-VCH  
ELECTRONIC FILER HEADQUARTERS MANAGEMENT  
CORPORATION PAYMENT VOUCHER



Taxpayer ID

|   |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| 1 |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|

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

|   |  |
|---|--|
| 2 |  |
|---|--|

Amount of the Payment

|   |    |  |
|---|----|--|
| 3 | \$ |  |
|---|----|--|

Corporation Name

|   |  |
|---|--|
| 4 |  |
|---|--|

Street Address

|   |  |
|---|--|
| 4 |  |
|---|--|

City

|   |  |       |          |
|---|--|-------|----------|
| 4 |  | 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

|  |
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|--|

**DO NOT CUT THIS PAGE**

