



**DELAWARE 2026**  
F O R M  
DIVISION OF REVENUE  
SCT-TAX  
S CORPORATION PERSONAL INCOME TAX



Taxpayer ID

Calendar or Fiscal  
Year Ending

\_\_\_\_\_

Due on or before

Quarter

Name of Corporation

Street Address		
City	State	Zip Code

BALANCE DUE FROM LINE 6 OF WORKSHEET	\$	.00
AMOUNT OF THIS PAYMENT	\$	.00

Check here if a request for change form is being filed



DO NOT CUT THIS PAGE

**TAXPAYER'S WORKSHEET AND RECORD OF PAYMENTS - CALCULATION OF ESTIMATED TAX DUE**

1. <b>ESTIMATED AMOUNT OF DISTRIBUTIVE INCOME FOR THE TAXABLE YEAR</b>	1. <b>\$</b>	.00
2a. <b>TOTAL PERCENTAGE OF STOCK OWNED BY NON-RESIDENT SHAREHOLDERS</b>	2a. <b>%</b>	
2b. <b>Multiply</b> Line 1 by Line 2a	2b. <b>\$</b>	.00
3. <b>Multiply</b> Line 2b by 6.60% (This is the total amount of personal income tax required to be paid on behalf of the non-resident shareholders.)	3. <b>\$</b>	.00
 <b>4. ESTIMATED LIABILITY FOR YEAR</b>	4. <b>\$</b>	.00
<b>5. PERCENTAGE DUE</b>	5. <b>%</b>	
<b>6. AMOUNT DUE - Multiply</b> Line 4 by Line 5	6. <b>\$</b>	.00

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:** 

 AUTHORIZED SIGNATURE

DATE

PRINTED NAME OF AUTHORIZED SIGNER

#### 8 BUONE NUMBER

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✉ EMAIL ADDRESS

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