



DELAWARE 2025
DIVISION OF REVENUE FORM
SCT-VCH
ELECTRONIC FILER'S CORPORATION PAYMENT VOUCHER



Employer Identification Number

<input type="text"/>					
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Fiscal or Calendar Year End (MM-DD-YYYY)

<input type="text"/>	<input type="text"/>
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Amount of the Payment

<input type="text"/>	<input type="text"/>
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S Corporation Name

<input type="text"/>

Street Address

<input type="text"/>

City

<input type="text"/>	<input type="text"/>	<input type="text"/>
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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

<input type="text"/>

 PHONE NUMBER

<input type="text"/>

 EMAIL ADDRESS

<input type="text"/>

DO NOT CUT THIS PAGE

