



# DELAWARE 2025

DIVISION OF REVENUE FORM  
CMP-TAX  
COMPOSITE PERSONAL INCOME TAX RETURN



For Fiscal Year beginning  and ending

Name of Business

Street Address

City  State  Zip Code

Delaware Address (if different than above)

City  State  Zip Code

State of Incorporation  Date of Incorporation  Non-Resident Partners/Shareholders

Nature of Business

Employer Identification Number or Taxpayer ID

✓ Check Applicable Box:

Initial Return  
 Final Return  
 Amended Return

1. <b>DELAWARE SOURCED INCOME</b> (Non-residents only)	<input type="text"/>	.00
2. <b>TAX LIABILITY</b> - Multiply Line 1 by .0660	<input type="text"/>	.00
3. <b>NON REFUNDABLE CREDITS</b> (Must attach Form PIT-CRS)	<input type="text"/>	.00
4. <b>BALANCE</b> - Subtract Line 3 from Line 2 (Enter 0 if Negative)	<input type="text"/>	.00
5. <b>ESTIMATED TAXES PAID</b>	<input type="text"/>	.00
6. <b>CAPITAL GAINS TAX PAYMENTS</b> (Attach Schedule REW-EST)	<input type="text"/>	.00
7. <b>S CORP PAYMENTS</b>	<input type="text"/>	.00
8. <b>REFUNDABLE BUSINESS CREDITS</b> (Must attach Form PIT-CRS)	<input type="text"/>	.00
9. <b>TOTAL PAYMENTS</b> - Add Lines 5 through Line 8	<input type="text"/>	.00
10. <b>BALANCE DUE AND PAY IN FULL</b> (If Line 9 is less than Line 4 Subtract Line 9 from Line 4)	<input type="text"/>	.00
11. <b>OVERPAYMENT AND REFUND</b> (If Line 4 is less than Line 9 Subtract Line 4 from Line 9)	<input type="text"/>	.00

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN ☺

**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.

SIGNATURE OF OFFICER

DATE

TITLE OF OFFICER

PHONE NUMBER

EMAIL ADDRESS

PAID PREPARER INFORMATION

PAID PREPARER SIGNATURE

DATE

ADDRESS

CITY

STATE  ZIP CODE

EIN, SSN or PTIN

PHONE NUMBER

EMAIL ADDRESS

MAIL COMPLETED FORM WITH   
REMITTANCE PAYABLE TO:  
Delaware Division of Revenue  
PO Box 508  
Wilmington, DE 19899-0508