


**DELAWARE** 2025  
DIVISION OF REVENUE F O R M  
PRT-VCH  
**ELECTRONIC FILER PARTNERSHIP PAYMENT VOUCHER**



1	Employer Identification Number	2	Fiscal or Calendar Year End (MM-DD-YYYY)	3	Amount of the Payment
	<input type="text"/>		<input type="text"/>		\$ <input type="text"/>
4	Partnership Name				
	<input type="text"/>				
	Street Address				
	<input type="text"/>				
	City			State	Zip Code
	<input type="text"/>			<input type="text"/>	<input type="text"/>

**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 830  
Wilmington, DE 19899-0830

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**

