

DELAWARE DIVISION OF REVENUE
FORM 1100-T-EXT – DELAWARE CORPORATE INCOME TAX REQUEST FOR EXTENSION

1100TE 9301

FEDERAL IDENTIFICATION NUMBER	CALENDAR OR FISCAL YEAR ENDING	DUE ON OR BE FORE	VOUCHER	EXTENSION TO
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BUSINESS MAILING NAME AND ADDRESS

Check Here If A
Request For
Change Form Is
Being Filed

BALANCE DUE FROM LINE 5 OF WORKSHEET (BALANCE OF TAX DUE FOR THE YEAR)	\$	00
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Mail This Form With Remittance Payable To:
 Delaware Division of Revenue
 P.O. Box 8751, Wilmington, DE 19899-8751

CHANGES MUST BE MADE ON THE REQUEST FOR CHANGE FORM.
 CHECK THE BOX IF YOU ARE FILING A CHANGE FORM.

_____ AUTHORIZED SIGNATURE I declare under penalties of perjury, that this is a true, correct and complete return.	_____ DATE	_____ TELEPHONE NUMBER	_____ If desired, provide an e-mail address where we may contact you regarding this return.
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(Cut Coupon on Line Above)

TAXPAYERS WORKSHEET AND RECORD OF PAYMENTS

- 1. Estimate Delaware taxable income for the year. \$.00
- 2. Multiply Line 1 by Corporate Income Tax Rate. x .087
- 3. Enter result on Line 3. \$.00

PLEASE NOTE: Voucher 1 (T-1) is due the 1st day of the 4th month following the end of the year.
 Voucher 2 (T-2) is due the 15th day of the 6th month following the end of the year.
 Voucher 3 (T-3) is due the 15th day of the 9th month following the end of the year.
 Voucher 4 (T-4) is due the 15th day of the 12th month following the end of the year.

- 1. Estimated Liability for Year. \$.00
- 2. Percentage Due. X .
- 3. Multiply Line 1 by Line 2. \$.00
- 4. Less Credit Carryover Unused. \$.00
- 5. Line 3 minus Line 4 (cannot be less than zero) \$.00

Please fill in the federal identification number, business name and address in the spaces provided. Sign and date the return and supply a telephone number where we may contact someone regarding this information.