

*Delaware*  
*Division of Revenue*

**GROSS RECEIPTS**  
**TAX RETURN**  
Form LQ10 9801

DF52414019999



Business Name and Address \_\_\_\_\_

Account Number \_\_\_\_\_

Revenue Code \_\_\_\_\_

Business Code \_\_\_\_\_

Tax Period Ending \_\_\_\_\_

Due on or Before \_\_\_\_\_

1. QUARTERLY GROSS RECEIPTS
  2. EXCLUSION AMOUNT (MAXIMUM \$3,000 PER YEAR)
  3. TAXABLE AMOUNT (SUBTRACT LINE 2 FROM LINE 1)
- GROSS RECEIPTS RATE \_\_\_\_\_
4. BALANCE DUE (LINE 3 TIMES TAX RATE)

NOT OFFICIAL - DO NOT FILE

I declare under penalties of perjury, that this is a true, correct and complete return.

Mail this Form with Remittance Payable to:

Delaware Division of Revenue  
P.O. Box 2340  
Wilmington DE 19899-2340

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Phone Number \_\_\_\_\_

For Questions Call: (302) 577-8780

Email Address \_\_\_\_\_