

**DELAWARE DIVISION OF REVENUE**  
**FORM 1100-T – DELAWARE CORPORATE TENTATIVE TAX RETURN**

1100T 9301

FEDERAL IDENTIFICATION NUMBER	CALENDAR OR FISCAL YEAR ENDING	DUE ON OR BEFORE	VOUCHER
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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 ( % OF ESTIMATED TAX 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.

(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.