

DETACH HERE AND MAIL BOTTOM PORTION WITH YOUR PAYMENT

**DE 1100-V**  
DELAWARE DIVISION  
OF REVENUE

**2017**

**Electronic  
Filer  
Payment  
Voucher**

DO NOT WRITE OR STAPLE IN THIS AREA

1. Enter your Employer Identification Number

.....

2. Enter the amount of payment you are making.

\$

3. Business entity is a:

Corporation

S Corporation

4. Corporation name:

Address

City

State

Zip Code

