

**State of Delaware 200ES Declaration of Estimated Income Tax
Forms and Specifications for Tax Year 2006
Form samples including Instruction Sheet follow the specifications.**

The specifications attached detail the instructions for developing personalized tax coupons. However, we will accept not only personalized forms, but also generic or blank forms.

Estimated Coupon Scan line Specifications

- **54** characters in length
- filer bytes are zero-filled
- no special characters
- **54th** byte is check digit (*routine follows*)
- Font Size **OCRA-AN**

POSITION	CONTENT	VALUE
1-4	Revenue Code	'0091' for quarterly coupons '0001' for extension coupon
5-6	Sub type	'01' for quarterly coupons '26' for extension coupon
7-8	Filing frequency	'01' thru '04' for quarterly coupons, respectively '05' for extension coupon
9	Taxpayer id prefix	'2' (<i>note: for generic coupons zero fill</i>)
10-18	Taxpayer id (social security number)	Social Security Number (<i>note: for generic coupons zero fill</i>)
19-21	Taxpayer id (suffix)	'001' (<i>note: for generic coupons zero fill</i>)
22-25	Taxable year MMDD	'1231'
26-27	Taxable year YY	Tax year of coupons
28-33	Due Date	Table-driven (<i>see values for TY 2006 below</i>)
34-41	Amount due dollars	Zeroes or whole dollar value
42-43	Amount due cents	Zeroes only (<i>rounded off</i>)
44-47	Name	First 4 letters of last name
48-50	Filler	Zeroes
51-52	Doc type	'01' thru '04' for quarterly coupons, respectively '05' for extension coupon
53	Filler	Zero
54	Check digit	Derived from check digit Calculation subroutine

Example:

Taxpayer Data:

Name: John Smith

ID/SSN: 555-55-5555

Amount due each Quarter: \$525.00

Due dates for 2006 taxable year:

5/01/06 Coupon 1E 1st Quarter

6/15/06 Coupon 2E 2nd Quarter

9/15/06 Coupon 3E 3rd Quarter

1/16/07 Coupon 4E 4th Quarter

4/30/07 Coupon 5E Extension

****The May 1, 2006 coupon scan line for the above example follows:**

0091 01 01 2 55555555 001 1231 06 050106 00000525 00 SMIT 000 01 0 D

Position	1-4	5-6	7-8	9	10-18	19-21	22-25	26-27
Value	0091	01	01	2	55555555	001	1231	06

Position	28-33	34-41	42-43	44-47	48-50	51-52	53	54
Value	050106	00000525	00	SMIT	000	01	0	D

****Scan lines for each 2006 coupon based on the example above**

April 0091010125555555550011231060501060000052500SMIT000010X

June 0091010225555555550011231060615060000052500SMIT0000206

Sept 0091010325555555550011231060915060000052500SMIT000030F

Jan 0091010425555555550011231060116070000052500SMIT0000403

Exten 0001260525555555550011231060430070000000000SMIT0000508

** The check digit in this example using the name John Smith, payment value \$525.00 and ID# 555-55-5555 is for sample purposes only. The actual check digit value will be derived from the check digit calculation subroutine.

The actual check digits for the blank or generic (*no name, payment value or ID# used*) 2006 coupons appear on the sample 2006 forms that follow the specifications section.

Check Digit Calculation Routine

The check digit calculation is based on the first 53 characters of the scan line. The 54th position of the scan line will become the check digit.

This subroutine assumes that the only characters being used are those found in the table below, plus I, O, S, V, Z, and blank. Anything else is considered to be a special character and will produce incorrect results.

The check digit calculation routine follows on page 3 of the specifications.

Using the following scan line as an example, the check digit calculation instructions follow -

```

Character  12345678911111111122222222223333333333444444444455555
Count
012345678901234567890123456789012345678901234
SCANLINE   0091010420011421450011231010115020000000000GRAH000040
Index       12345678912345678912345678912345678912345678912345678
  
```

1. Assign an index value to EVERY character in the scan line, starting with '1', incrementing by '1'. After the index reaches '9', start over with '1'.	I, O, S, V, Z and blank are assigned an index but will be skipped in the calculation process that follows.
2. Using the conversion table attached, find the appropriate value for the scan line character.	0 has a value of 10, 9 has a value of 9.... 'G' has a value of 17
3. Multiply the value for each scan line character by that scan line character's index.	For the first 4 characters $10 * 1 = 10$ $10 * 2 = 20$ $9 * 3 = 27$ $1 * 4 = 4$...and so on When the 'G' is encountered, it would be $17 * 8 = 136$ ('G' has a value of 17 in the table and an index of 8)
4. Add each product from step 3 to an accumulator.	$10 + 20 + 27 + 4 + \dots + 136 + \dots$ Total for the above scan line = 1873
5. Divide the total from step 4 by 31.	$1873 / 31 = 60$, remainder 13

6. Subtract the remainder (determined in step 5) from 31.	$31 - 13 = 18$
7. Find the result from step 6 in the table below to determine check digit.	18 equates to check digit of 'H'

COMPLETED

SCANLINE

0091010420011421450011231010115020000000000GRAH000040H

Note: In the following scan line, the 'O' in 'KNOX' has no value for step 3 but has an index.

SCANLINE 0091010320021220320011231010917010000000000KNOX000030

COMPLETED

SCANLINE 0091010320021220320011231010917010000000000KNOX000030E

Index 12345678912345678912345678912345678912345678912345678

Conversion table for steps 2 and 7 -

Step 2	
Scan line character Assigned	Value
Step 7	
Check digit	Result from step 6
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
0	10
A	11
B	12
C	13
D	14
E	15
F	16

G	17
H	18
J	19
K	20
L	21
M	22
N	23
P	24
Q	25
R	26
T	27
U	28
W	29
X	30
Y	31

- 01 WS-SCAN-LINE. (54 characters in length)
- 05 SL-REV-CODE PIC 9(4).
 - '0091' for quarterly coupons
 - '0001' for extension form
 - 05 SL-SUB-TYPE PIC 99.
 - '01' for quarterly coupons
 - '26' for extension form
 - 05 SL-FILE-FREQ PIC 99.
 - '01' thru '04' for the quarterly coupons, respectively
 - '05' for the extension form
 - 05 SL-TP-PRE PIC 9. Value '2'.
 - 05 SL-TP-ID PIC 9(9).
 - 05 SL-TP-SEQ PIC 9(3). Value '001'.
 - 05 SL-TAXABLE-YR.
 - 10 SL-TAX-MMDD PIC X(4). Value '1231'.
 - 10 SL-TAX-YY PIC XX. Tax year for which coupons are for
 - 05 SL-DUE-DATE PIC 9(6). Table-driven
 - 05 SL-AMT-DUE PIC 9(10). zeroes
 - 05 SL-NAME PIC X(4). First 4 letters of last name.
 - 05 FILLER PIC 9(3).
 - 05 SL-DOC-TYPE PIC 99.
 - '01' thru '04' for the quarterly coupons, respectively
 - '05' for the extension form
 - 05 FILLER PIC 9.
 - 05 SL-CHK-DIGIT PIC X. Derived from check-digit calculation subroutine

Scan Line Positioning and Coupon Size Parameters

- Coupons should be produced on **8 ½ x 11** sheets divided into 3 equal parts. (*3 coupons per sheet*)
- Coupon Width (horizontal) **8.50** inches. Coupon Length (vertical) **3.67** inches (*rounded*).
- Bottom of each scan line is positioned at **2.625** inches from the bottom edge of each coupon.
- Begin scan line at **1.25** inches from the left edge of the coupon.
- Must have minimum of **.25** inches of white space above and below each scan line.
- Font Size **OCRA-AN**

TESTNAME
TESTADDR1
TESTADDR2
TESTADDR3

Declaration of Estimated Tax for Individuals (Form 200-ES)

RETURNS

READ ALL INSTRUCTIONS BEFORE COMPLETING RETURN. MAKE CERTAIN THAT YOU HAVE SELECTED THE PROPER FORM FOR THE REPORTING PERIOD AND HAVE COMPLETED ALL APPLICABLE LINES. **USE ORIGINAL FORM ONLY. PHOTOCOPIED OR SUBSTITUTE DOCUMENTS WILL NOT BE ACCEPTED. WRITE ONLY IN THE SPACE PROVIDED.** MARKING ANY OTHER PART OF THE RETURN MAY DELAY THE PROCESSING OF YOUR PAYMENT. **DO NOT WRITE IN THE NUMERIC SCAN LINE.** DO NOT FOLD, BEND OR MUTILATE THESE RETURNS. IF A PROFESSIONAL TAX PREPARER WILL PREPARE YOUR RETURNS, YOU MAY FORWARD THIS COUPON PACKAGE TO THE PREPARER. IF YOU CHANGE TAX PREPARERS AND A NEW COUPON PACKAGE IS NEEDED, NOTIFY THE PUBLIC SERVICE BUREAU IMMEDIATELY.

CHANGE OF NAME ADDRESS OR SOC SEC NUMBER

IF: 1) YOU MOVE, 2) YOU CHANGE YOUR NAME, OR 3) YOUR NAME, ADDRESS OR SOCIAL SECURITY NUMBER IS INCORRECT AS PRINTED, COMPLETE AND SEND THE ENCLOSED "REQUEST FOR CHANGE TO ESTIMATED INCOME TAX INFORMATION" COUPON TO OUR OFFICE. A CORRECTED ESTIMATED COUPON PACKAGE WILL BE SENT TO YOU PRIOR TO THE NEXT QUARTERLY FILING DATE FOR ESTIMATED TAX. PLEASE CHECK THIS PACKAGE FOR ACCURACY UPON RECEIPT.

MISPLACED OR DAMAGED FORMS

IF YOU MISPLACE OR DAMAGE THIS PACKAGE, PLEASE CONTACT THE PUBLIC SERVICE BUREAU AT (302) 577-8200 FOR A REPLACEMENT. IF YOU DO NOT HAVE A REPLACEMENT PACKAGE BY THE TIME AN ESTIMATED PAYMENT IS DUE, SUBMIT PAYMENT WITH ALL PERTINENT INFORMATION (SOCIAL SECURITY NUMBER, TYPE TAX, TAX PERIOD AND PHONE NUMBER). TAXES MUST BE FILED ON A TIMELY BASIS.

PAYMENTS

CHECKS OR MONEY ORDERS SHOULD BE MADE PAYABLE TO DELAWARE DIVISION OF REVENUE. PLEASE REMOVE ANY STUBS FROM YOUR CHECKS. WRITE YOUR SOCIAL SECURITY NUMBER AND THE TAX PERIOD YOU ARE REPORTING ON THE CHECK OR MONEY ORDER. DO NOT STAPLE YOUR PAYMENT TO THE RETURN. MAIL COMPLETED RETURN WITH PAYMENT FOR TAXES DUE IN YOUR ENVELOPE USING THE ADDRESS LISTED ON THE COUPON.

SPECIAL NOTE

UNDER DELAWARE LAW A NON-RESIDENT COMPUTES DELAWARE INCOME TAX AS THOUGH ALL OF YOUR INCOME WERE DELAWARE INCOME. YOU THEN PAY THE PERCENTAGE OF A RESIDENT'S TAX REPRESENTED BY DELAWARE INCOME TO TOTAL INCOME.

ONLINE FILING

THE DIVISION OF REVENUE HAS DEVELOPED AN INTERNET FILING SYSTEM FOR ESTIMATED TAX PAYMENTS USING THE ACH DEBIT PAYMENT METHOD. INTERNET FILING OF ESTIMATED PAYMENTS BY ACH DEBIT IS QUICK AND EASY. YOU CAN PAY ON-LINE ON THE DUE DATE. NO POSTAGE IS NECESSARY. THE SYSTEM WILL SEND AN E-MAIL CONFIRMATION OF RECEIPT AND A REMINDER E-MAIL WHEN YOUR NEXT ESTIMATED PAYMENT DUE DATE IS NEAR. ACCESS THIS ESTIMATED TAX PROCESSING SYSTEM AT: www.state.de.us/revenue.

INSTRUCTIONS FOR FORM 200-ES DECLARATION OF ESTIMATED INCOME TAX

READ CAREFULLY - SEE TAX COMPUTATION SCHEDULE.

- Purpose of Declaration.** The purpose of the Declaration is to provide a basis for paying currently any income taxes due in excess of the tax withheld from wages, salaries and other payments for personal services.
- Who Must Make a Declaration.** Every resident and non-resident individual shall make a declaration of his estimated tax for the taxable year if the estimated tax can reasonably be expected to exceed \$400.00.
- When and Where to File Declaration.** Your Declaration and payment of Estimated Tax shall be filed or paid on or before April 30, or on such later dates as are specified in instructions 6, 7, and 8. It should be filed with the Division of Revenue at its Main Office, P.O. Box 8735, Wilmington, Delaware 19899-8735.
- Joint Declaration.** In the case of a husband and wife who expect to file a joint tax return or a combined tax return (filing status 2 or filing status 4), a Declaration of Estimated Tax may be made by them jointly. If a husband and wife expect to file tax returns on separate forms (filing status 3), individual Declarations of Estimated Tax and payments should be made. If individual Declaration and payments are made, the aggregate total paid by both spouses may be claimed on a joint or combined tax return. No joint Declaration may be made unless husband and wife are married at the time of declaration is due and are not separated by decree of divorce or separate maintenance.

CONTINUED ON BACK SIDE

5. **Farmers and Fishermen.** If at least two-thirds of your gross income is derived from farming or fishing, you may file a Declaration on or before January 16 of the following year, pay the indicated Estimated Tax for the entire taxable year, and file a Return on or before May 1, or file a Return and pay the tax in full on or before March 1 of the succeeding year, otherwise ignoring the provisions concerning Declaration of Estimated Tax.

6. **Fiscal Year.** If you file your income tax return on a fiscal year basis, your dates for filing the Declaration and payment of the Estimated Tax will be the 30th day of the fourth month and the 15th day of the sixth and ninth months of your current fiscal year and the 15th day of the 1st month of the next fiscal year.

7. **Changes in Income, Exemption(s) or Deduction(s).** (a) Even though your situation on April 30 is such that you are not required to file a Declaration at that time, your expected income, exemption(s) or deduction(s) may change so that you will be required to file a Declaration later. In such case the time for filing is as follows: June 15, if the change occurs after April 1 and before June 2; September 15 if the change occurs after June 1 and before September 2; January 16 of the following year if the change occurs after September 1. The Estimated Tax may be paid in full at the time of filing the Declaration or in equal installments on the remaining payment dates. (b) After you have filed a Declaration, if changes in income, exemptions, or deductions cause a substantial increase or decrease in Estimated Tax, you should adjust Line 8 of the Tax Computation Schedule (worksheet) and enter the adjusted amount on Line 1 of each remaining Form 200-ES and forward on the required due dates. (It will no longer be required to file a Form 200-ES (amended)). The remaining installments should be adjusted accordingly.

8. **Payment of Estimated Tax.** Your Estimated Tax may be paid in full with the Declaration, or in equal installments on or before May 1, June 15, September 15, and January 16 of the following year. The first installment must accompany the Declaration. The last installment must be mailed no later than January 16 of the following year.

9. **Method of Payments.** Form 200-ES is designed to apply the overpayment credit from the preceding year, if any, against the total amount of estimated tax for the entire year by one of the following methods.

Method 1. Full Credit. In using this method, you must apply the full amount of credit against first and succeeding installments until fully used. Reflect the full amount of overpayment credit from preceding year on Line 9 of the Tax Computation Schedule worksheet and on Line 2 of Form 200-ES of the applicable installment. Deduct this amount of credit on Line 2 of the applicable installment form and forward the balance due to the Division of Revenue. Be sure that the amount of remittance being forwarded is entered on Line 3 of Form 200-ES.

Method 2. Quarterly Installment Credits. Reflect the full amount of overpayment credit from preceding year on Line 9 of the Tax Computation Schedule, divide this amount by the number of installments required to be made, and enter the amount on Line 2 of each Form 200-ES. Deduct credit (line 2) from the quarterly installment and forward balance due to Division of Revenue. Be sure that amount of remittance being forwarded is entered on Line 3 of Form 200-ES.

10. **Penalty for Failure to Pay Estimated Income Tax.** A penalty of 1 1/2% per month or fraction thereof may be imposed on the underpayment of any installment of estimated tax except in certain situations. The penalty does not apply if each installment is paid on time and (a) is at least 90 percent (66 2/3% for farmers and fishermen) of the amount due on the income tax return for the taxable year, or (b) 100% of the tax shown on the prior year's return, (110% if the federal Adjusted Gross Income for the previous tax year is in excess of \$150,000 (\$75,000 if married filing separate)). Payment of estimated tax is not required if there was no tax liability for the preceding year, provided such year was a 12 month period.

11. **Waiver of Penalty.** The underpayment penalty may be waived if the underpayment is due to casualty, disaster or other unusual circumstances. The taxpayer retiring at age 62 or later, or becoming disabled in the taxable year for which estimated tax payments were required or in the preceding taxable year, is grounds for waiver. Note, however, that these grounds will not be apparent during processing of a tax return and must be raised by the taxpayer in a request for abatement of any penalty assessed.

TAX COMPUTATION SCHEDULE (Keep For Your Records)

1. Enter Amount of total gross income expected for the year \$ _____
2. Less: total of: (a) Pension Exclusions - per person (\$2000 under 60 years of age/\$12500 if 60 or over);
(b) Over 60 Exclusions; and, (c) Interest from U.S. Obligations \$ _____
3. (A) If deductions will be itemized, enter estimated itemized deductions total.
If not itemizing, use Standard Deduction (\$3250 single, divorced or widow(er), head of household)
(\$6500 if married filing jointly), or (\$3250 if married filing separately) \$ _____
(B) Additional Standard Deduction Allowance(s) of \$2500 for taxpayer &/or spouse
if 65 years old or over or blind and filing Standard Deductions \$ _____
4. Total of Lines 2 and 3 \$ _____
5. Estimated Taxable Income (Line 1 less Line 4) \$ _____
6. Estimated Tax Liability (use Tax Computation Table below to compute this entry) \$ _____

Over	But not over 2,000.00	Tax is	In excess of	Over	But not over	Tax is	In excess of
\$ 2,000.00	5,000.00	\$ 0.00	2.20% (.0220)	\$ 2,000.00	20,000.00	741.00 + 5.20% (.0520)	\$ 20,000.00
5,000.00	10,000.00	66.00 + 3.90% (.0390)	5,000.00	25,000.00	60,000.00	1,001.00 + 5.55% (.0555)	25,000.00
10,000.00	20,000.00	261.00 + 4.80% (.0480)	10,000.00	60,000.00	and over	2,943.50 + 5.95% (.0595)	60,000.00

7. Personal Credits (\$110.00 X total number of Federal Exemptions and exemptions
for being 60 or older) \$ _____
8. Estimate of: (a) income tax to be withheld during year; (b) credit for income
tax paid to another state; (c) volunteer firefighters, fire auxiliary & rescue
squad credit; and, (d) child care credit \$ _____
9. Estimated Tax Credit to be carried forward from 2005 return \$ _____
10. Total Credits (Lines 7, 8 and 9) \$ _____
11. Total Estimated Tax Liability (line 6 less Line 10) \$ _____
12. Quarterly Payment Amount (Divide line 11 by a factor of 4.) \$ _____

3E

DELAWARE DIVISION OF REVENUE
FORM 200-ES DECLARATION OF ESTIMATED INCOME TAX

0091-01-03

DO NOT WRITE OR STAPLE IN THIS AREA
DORET

RETURN WITH INSTALLMENT DUE **SEPT 15, 2006**

009101030000000000000001231060915060000000000000000000306

		2006
TAXPAYER SOC. SEC. NO.	SPOUSE SOC. SEC. NO.	TAXABLE YEAR

ENTER LAST NAME, FIRST NAME, SPOUSE NAME & ADDRESS

1. Amount of this installment	\$	
2. Amount of unused overpayment credit, if any, applied to this installment (see instructions)	\$	
3. Amount of this installment payment (line 1 less line 2)	\$	

RETURN THIS COPY WITH YOUR CHECK PAYABLE TO:
DIVISION OF REVENUE
P.O. BOX 8735, WILMINGTON, DELAWARE 19899-8735

File Online at www.state.de.us/revenue It's Quick and Easy !

SEPT 15, 2006

2E

DELAWARE DIVISION OF REVENUE
FORM 200-ES DECLARATION OF ESTIMATED INCOME TAX

0091-01-02

DO NOT WRITE OR STAPLE IN THIS AREA

RETURN WITH INSTALLMENT DUE **JUNE 15, 2006**

009101020000000000000001231060615060000000000000000000207

		2006
TAXPAYER SOC. SEC. NO.	SPOUSE SOC. SEC. NO.	TAXABLE YEAR

ENTER LAST NAME, FIRST NAME, SPOUSE NAME & ADDRESS

1. Amount of this installment	\$	
2. Amount of unused overpayment credit, if any, applied to this installment (see instructions)	\$	
3. Amount of this installment payment (line 1 less line 2)	\$	

RETURN THIS COPY WITH YOUR CHECK PAYABLE TO:
DIVISION OF REVENUE
P.O. BOX 8735, WILMINGTON, DELAWARE 19899-8735

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JUNE 15, 2006

1E

DELAWARE DIVISION OF REVENUE
FORM 200-ES DECLARATION OF ESTIMATED INCOME TAX

0091-01-01

DO NOT WRITE OR STAPLE IN THIS AREA

RETURN WITH INSTALLMENT DUE **MAY 01, 2006**

00910101000000000000000123106050106000000000000000000010C

		2006
TAXPAYER SOC. SEC. NO.	SPOUSE SOC. SEC. NO.	TAXABLE YEAR

ENTER LAST NAME, FIRST NAME, SPOUSE NAME & ADDRESS

1. Amount of this installment	\$	
2. Amount of unused overpayment credit, if any, applied to this installment (see instructions)	\$	
3. Amount of this installment payment (line 1 less line 2)	\$	

RETURN THIS COPY WITH YOUR CHECK PAYABLE TO:
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P.O. BOX 8735, WILMINGTON, DELAWARE 19899-8735

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MAY 01, 2006

REQUEST FOR CHANGE TO ESTIMATED INCOME TAX INFORMATION

DORET

COMPLETE AND FORWARD TO THE DIVISION OF REVENUE IF:

(CHECK ALL THAT APPLY)

- 1) YOUR LAST NAME OR SOCIAL SECURITY NUMBER IS INCORRECT _____
- 2) YOUR SPOUSE WILL NOT BE FILING ESTIMATED WITH YOU NEXT YEAR _____
- 3) A NEW SPOUSE WILL BE MAKING JOINT ESTIMATED PAYMENTS WITH YOU _____
- 4) YOUR ADDRESS WILL BE DIFFERENT FROM THAT ON YOUR FINAL DELAWARE INDIVIDUAL INCOME TAX RETURN FILED THIS YEAR* _____

DELAWARE DIVISION OF REVENUE
P.O. BOX 8735 WILMINGTON, DE 19899-8735

CORRECTED INFORMATION

TAXPAYER SOC. SEC. NO.

TAXPAYER SOC. SEC. NO.

EFFECTIVE DATE OF MOVE

NAME		
STREET		
CITY	STATE	ZIP

* IF YOU FILED A FINAL RETURN WITH YOUR NEW ADDRESS, NEXT YEAR'S ESTIMATED COUPONS WILL BE CORRECT. YOU DO NOT HAVE TO CHANGE THE ADDRESS ON THE COUPONS OR SUBMIT THIS FORM.

AUTHORIZED SIGNATURE X _____ DATE ____/____/____ PHONE _____
File Online at www.state.de.us/revenue It's Quick and Easy !

DELAWARE DIVISION OF REVENUE
5E FORM 1027 APPLICATION FOR AUTOMATIC EXTENSION OF TIME TO FILE DELAWARE INDIVIDUAL INCOME TAX RETURN

0001-26-05

DO NOT WRITE OR STAPLE IN THIS AREA

EXTENSION FORM MUST BE FILED BY **APRIL 30, 2007**

000126050000000000000001231060430070000000000000000000503

		2006
TAXPAYER SOC. SEC. NO.	SPOUSE SOC. SEC. NO.	TAXABLE YEAR

ENTER LAST NAME, FIRST NAME, SPOUSE NAME & ADDRESS

APRIL 30, 2007

An automatic extension of time until October 15, 20 ____ is requested to file Delaware Personal Income Tax Return for 20 ____.

File Online at www.state.de.us/revenue
It's Quck and Easy !

1. Total income tax liability You expect to owe for 2006	\$		
2. Delaware Income Tax withheld	\$		
3. Tax Year: 2006 Estimated Tax Payments (include prior year over payments allowed as a credit)	\$		
4. Other payments & credits (See instruction 4)	\$		
5. Total (Add Lines 2, 3, and 4)	\$		
6. BALANCE DUE (Subtract line 5 from 1 -- REMIT)	\$		

EXTENSION FORM

EXTENSION FORM

SIGNATURE DATE
I DECLARE UNDER PENALTIES OF PERJURY, THAT THIS IS A TRUE, CORRECT AND COMPLETE RETURN.

DELAWARE DIVISION OF REVENUE
4E FORM 200-ES DECLARATION OF ESTIMATED INCOME TAX

0091-01-04

DO NOT WRITE OR STAPLE IN THIS AREA

RETURN WITH INSTALLMENT DUE **JAN 16, 2007**

009101040000000000000001231060116070000000000000000000408

		2006
TAXPAYER SOC. SEC. NO.	SPOUSE SOC. SEC. NO.	TAXABLE YEAR

ENTER LAST NAME, FIRST NAME, SPOUSE NAME & ADDRESS

JAN 16, 2007

1. Amount of this installment	\$		
2. Amount of unused overpayment credit, if any, applied to this installment (see instructions)	\$		
3. Amount of this installment payment (line 1 less line 2)	\$		

RETURN THIS COPY WITH YOUR CHECK PAYABLE TO:
DIVISION OF REVENUE
P.O. BOX 8735, WILMINGTON, DELAWARE 19899-8735

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