DETACH HERE AND MAIL BOTTOM PORTION WITH YOUR PAYMENT

DELAWARE FORM DE 1100-V

2014

Electronic Filer Payment Voucher

DO NOT WRITE OR STAPLE IN THIS AREA

1. Enter your Employer Identification Number

2. Enter the first four letters of your last name

3. Enter the amount of the payment you are making.

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4. Business entity is a:

☐ Corporation ☐ S Corporation

5. Name(s)

Address

City State ZIP Code

(Revised 09/11/15)

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