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**DELAWARE DIVISION OF REVENUE
FORM 1100-T-EXT – DELAWARE CORPORATE INCOME TAX REQUEST FOR EXTENSION**

ACCOUNT NUMBER	VERIFY BUSINESS FEIN	CALENDAR OR FISCAL YEAR ENDING	DUE ON OR BEFORE	VOUCHER	EXTENSION TO

FILE THIS FORM IF EXTENSION IS REQUESTED

Check Here If A
Request For
Change Form Is
Being Filed

**BALANCE DUE FROM LINE 5 OF WORKSHEET
(BALANCE OF TAX DUE FOR THE YEAR)**

\$



DF62415019999

**CHANGES MUST BE MADE ON THE REQUEST FOR CHANGE FORM.
CHECK THE BOX IF YOU ARE FILING A CHANGE FORM.**

Mail This Form With Remittance Payable To:
Delaware Division of Revenue
P.O. Box 830, Wilmington, DE 19899-0830

TELEPHONE NUMBER

DATE **MM** **DD** **YY**

X

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

EMAIL ADDRESS