DETACH HERE AND MAIL BOTTOM PORTION WITH YOUR PAYMENT

**DELAWARE FORM**

**DE 200-EF**

**2013**

**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.

$ .

4. Business entity is a:

☐ Corporation ☐ S Corporation

5. Name(s)

Address

City State ZIP Code

(Revised 10/18/13)