

**DELAWARE DIVISION OF REVENUE**  
**FORM 1100-T – DELAWARE CORPORATE TENTATIVE TAX RETURN**

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

ACCOUNT NUMBER	CALENDAR OR FISCAL YEAR ENDING	DUE ON OR BEFORE	VOUCHER
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Check Here If A  
 Request For  
 Change Form Is  
 Being Filed

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

\$  . 0 0



DF62315019999

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

**X**

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

TELEPHONE NUMBER

DATE MM | DD | YY

EMAIL ADDRESS

(Cut Coupon on Line Above)

**TAXPAYERS WORKSHEET AND RECORD OF PAYMENTS**

- |   |    |                             |             |
|---|----|-----------------------------|-------------|
| 1. Estimate Delaware taxable income for the year. | \$ | <u>                    </u> | <u>.00</u>  |
| 2. Multiply Line 1 by Corporate Income Tax Rate.  | x  | <u>                    </u> | <u>.087</u> |
| 3. Enter result on Line 3.                        | \$ | <u>                    </u> | <u>.00</u>  |

**PLEASE NOTE:** Voucher 1 (T-1) is due the 1st day of the 4th month following the end of the year.  
 Voucher 2 (T-2) is due the 15th day of the 6th month following the end of the year.  
 Voucher 3 (T-3) is due the 15th day of the 9th month following the end of the year.  
 Voucher 4 (T-4) is due the 15th day of the 12th month following the end of the year.

- |   |    |                             |            |
|---|----|-----------------------------|------------|
| 1. Estimated Liability for Year.                  | \$ | <u>                    </u> | <u>.00</u> |
| 2. Percentage Due.                                | X  | <u>                    </u> |            |
| 3. Multiply Line 1 by Line 2.                     | \$ | <u>                    </u> | <u>.00</u> |
| 4. Less Credit Carryover Unused.                  | \$ | <u>                    </u> | <u>.00</u> |
| 5. Line 3 minus Line 4 (cannot be less than zero) | \$ | <u>                    </u> | <u>.00</u> |

Please fill in the federal identification number, business name and address in the spaces provided. Sign and date the return and supply a telephone number where we may contact someone regarding this information.