

**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	VERIFY BUSINESS FEIN	CALENDAR OR FISCAL YEAR ENDING	DUE ON OR BEFORE	VOUCHER
----------------	----------------------	--------------------------------	------------------	---------

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



DF62316019999

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>	<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.