

Delaware
Division of Revenue

GROSS RECEIPTS
TAX RETURN
Form LQ10 9801

DF52414019999



Business Name and Address _____

Account Number _____

Revenue Code _____

Business Code _____

Tax Period Ending _____

Due on or Before _____

1. QUARTERLY GROSS RECEIPTS
 2. EXCLUSION AMOUNT (MAXIMUM \$3,000 PER YEAR)
 3. TAXABLE AMOUNT (SUBTRACT LINE 2 FROM LINE 1)
- GROSS RECEIPTS RATE _____
4. BALANCE DUE (LINE 3 TIMES TAX RATE)

NOT OFFICIAL - DO NOT FILE

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

Mail this Form with Remittance Payable to:

Delaware Division of Revenue
P.O. Box 2340
Wilmington DE 19899-2340

Authorized Signature _____

Date _____

Phone Number _____

For Questions Call: (302) 577-8780

Email Address _____