

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

ACCOUNT NUMBER	CALENDAR OR FISCAL YEAR ENDING	DUE ON OR BEFORE	VOUCHER	EXTENSION TO
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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)

\$.00



Mail This Form With Remittance Payable To:
 Delaware Division of Revenue
 P.O. Box 8751, Wilmington, DE 19899-8751

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>
4. Actual Tax Liability for Year.	\$	<u> </u>	<u>.00</u>
5. Tentative Tax Paid.	\$	<u> </u>	<u>.00</u>
6. Subtract Line 2 from Line 1.	\$	<u> </u>	<u>.00</u>
7. Less Credit Carryover.	\$	<u> </u>	<u>.00</u>
8. Amount Due with Extension.	\$	<u> </u>	<u>.00</u>
9. Check No.		_____	
10. Date Paid.		_____	

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.

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.