

DETACH HERE AND MAIL BOTTOM PORTION WITH YOUR PAYMENT

DE 1100-V
DELAWARE DIVISION
OF REVENUE

2016

**Electronic
Filer
Payment
Voucher**

DO NOT WRITE OR STAPLE IN THIS AREA

1. Enter your Employer Identification Number

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2. Enter the amount of payment you are making.

\$

3. Business entity is a:

Corporation

S Corporation

4. Corporation name:

Address

City

State

Zip Code

