



2019

DELAWARE DIVISION OF REVENUE
Electronic Filer Payment Voucher
Individual Form 200-V

DO NOT WRITE OR STAPLE IN THIS AREA



1. Social Security Number

2. First four letters of your last name

3. Amount of the payment you are making

\$

4. Spouse's Social Security Number
if a joint return

5. Name(s)

Address

City

State

Zip Code

(Rev 03/2019)



DF21419019999



DETACH HERE AND MAIL TOP PORTION WITH YOUR PAYMENT