



**2020**

**DELAWARE DIVISION OF REVENUE  
Electronic Filer Payment Voucher  
Corporate Form 1100-V**

DO NOT WRITE OR STAPLE IN THIS AREA



1. Employer Identification Number

2. Fiscal Year End

3. Amount of the payment you are making

**2020**      \$

4. Business entity is a:

5. Corporation Name

Corporation

S Corporation

Address

City

State

Zip Code

(Rev 04/2020)



DF68120019999



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**DETACH HERE AND MAIL TOP PORTION WITH YOUR PAYMENT**