2022

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 ____ ____ **2022**

3. Amount of the payment you are making $

4. Business entity is a:

☐ Corporation ☐ S Corporation

5. Corporation Name

Address

City State Zip Code

(Rev 04/2022)

DF68122019999

DETACH HERE AND MAIL TOP PORTION WITH YOUR PAYMENT
TO: DELAWARE DIVISION OF REVENUE, P.O. BOX 2044,
WILMINGTON, DE 19899