



DELAWARE 2023

DIVISION OF REVENUE FOR M
SCT-EXT

S CORPORATION REQUEST FOR EXTENSION FORMERLY 1100P-EXT



Taxpayer ID

Calendar or Fiscal
Year Ending

Due on or before

Extension to

Name of Corporation

Street Address

City

State

Zip Code

BALANCE DUE FROM LINE 7 OF WORKSHEET

\$

.00

AMOUNT OF THIS PAYMENT

\$

.00

 Check here if a request for change form is being filed

 DO NOT CUT THIS PAGE
TAXPAYER'S WORKSHEET AND RECORD OF PAYMENTS

1. ESTIMATED AMOUNT OF DISTRIBUTIVE INCOME FOR THE TAXABLE YEAR		1.	\$.00
2a. TOTAL PERCENTAGE OF STOCK OWNED BY NON-RESIDENT SHAREHOLDERS		2a.			%
2b. Multiply Line 1 by Line 2a		2b.	\$.00
3a. ENTER CORPORATION'S APPORTIONMENT PERCENTAGE		3a.			%
3b. Multiply Line 2b by Line 3a		3b.	\$.00
4. Multiply Line 3b by 6.60% (This is the total amount of personal income tax required to be paid on behalf of the non-resident shareholders.)		4.	\$.00
5. ACTUAL TAX LIABILITY FOR THE YEAR		5.	\$.00
6. ESTIMATED TAX PAID		6.	\$.00
7. AMOUNT DUE WITH EXTENSION		7.	\$.00

BE SURE TO SIGN YOUR RETURN BELOW AND KEEP A COPY FOR YOUR RECORDS

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and believe it is true, correct and complete. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge.

**MAIL COMPLETED FORM WITH
REMITTANCE PAYABLE TO:**

 Delaware Division of Revenue
 PO Box 0830
 Wilmington, DE 19899-0830

AUTHORIZED SIGNATURE

DATE

PRINTED NAME OF AUTHORIZED SIGNER

PHONE NUMBER

EMAIL ADDRESS

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