



DELAWARE 2023
 DIVISION OF REVENUE F O R M
 CIT-VCH
**ELECTRONIC FILER CORPORATION PAYMENT VOUCHER
 FORMERLY 1100V**



1	Employer Identification Number	2	Fiscal or Calendar Year End (MM-DD-YYYY)	3	Amount of the Payment
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

4

Corporation Name

Street Address

City State Zip Code

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 2044
 Wilmington, DE 19899-2044

 SIGNATURE OF OFFICER OR REPRESENTATIVE _____
 DATE

TITLE OF OFFICER

PHONE NUMBER

EMAIL ADDRESS

DO NOT CUT THIS PAGE

