

@ EMAIL ADDRESS





## APPLICATION FOR AUTOMATIC EXTENSION OF TIME TO FILE DELAWARE COMPOSITE INCOME TAX RETURN FORMERLY 200C-EX

Bı	isiness Name		Employer Identification Number							
St	reet Address									
City		State Zip Code		Tax Year		Must be File				b
				2023					April 30, 2	024
1.	TOTAL INCOME TAX LIABILITY (You expect to owe)	)				1.	Ċ			.00
2.	ESTIMATE TAX PAYMENTS (Including prior year over	+)		2.						
3.	OTHER PAYMENTS AND CREDITS (See instructions)	.i payinciics	anowed as a creat	c)	A	3.	¢			.00
4.	TOTAL - Add Line 2 to Line 3					4.	\$			.00
5.	BALANCE DUE AND PAY IN FULL - Subtract Line 4			5.	Ś			.00		
An automatic extension of time until <b>October 15, 2</b> 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.				is requested to file Com	•			e.gov -	lt's Quick and Ea	asy
					MAIL COMPLETED FORM WITH REMITTANCE PAYABLE TO:  Delaware Division of Revenue PO Box 830					
	SIGNATURE OF OFFICER	⊞ DATE						Wilming	gton, DE 19899-08	
	TITLE OF OFFICER									
	♂ PHONE NUMBER									

## DO NOT CUT THIS PAGE



DFCMPEXT2023019999V1 Revision 20230320