



DELAWARE 2023
DIVISION OF REVENUE F O R M
PIT-VCH
ELECTRONIC FILER PAYMENT VOUCHER



1	YOUR TAXPAYER ID	2	SECONDARY TAXPAYER ID (if joint return)	3	AMOUNT OF THE PAYMENT
	<input type="text"/>		<input type="text"/>		\$ <input type="text"/>
4	YOUR FIRST NAME	YOUR LAST NAME			
	<input type="text"/>	<input type="text"/>			
5	SECONDARY FIRST NAME	SECONDARY LAST NAME			
	<input type="text"/>	<input type="text"/>			
6	STREET ADDRESS				
	<input type="text"/>				
	CITY	STATE	ZIP CODE		
	<input type="text"/>	<input type="text"/>	<input type="text"/>		

Make your check or money order payable to
"Delaware Division of Revenue".
Do not send cash.



Mail completed form to:
Delaware Division of Revenue
PO Box 830
Wilmington, DE 19899-0830

DO NOT CUT THIS PAGE

