



DELAWARE 2024

DIVISION OF REVENUE F O R M CIT-EXT

CORPORATE INCOME TAX REQUEST FOR EXTENSION



Taxpayer ID

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Calendar or Fiscal
Year Ending

Due on or before

Extension to

Name of Corporation

Street Address

City State Zip Code

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BALANCE DUE FROM LINE 7 OF WORKSHEET	.00
AMOUNT OF THIS PAYMENT	.00

Check here if a request for change form is being filed

TAXPAYER'S WORKSHEET AND RECORD OF PAYMENTS

1. ESTIMATED DELAWARE TAXABLE INCOME FOR THE YEAR	1.	\$.00
2. CORPORATE INCOME TAX RATE	2.		8.70 %
3. Multiply Line 1 by Line 2	3.	\$.00
4. ESTIMATED TAX PAID	4.	\$.00
5. Subtract Line 4 from Line 3	5.	\$.00
6. LESS CREDIT CARRYOVER	6.	\$.00
7. AMOUNT DUE WITH EXTENSION - Subtract Line 6 from Line 5	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

DO NOT CUT THIS PAGE

