

2018

**DELAWARE DIVISION OF REVENUE
Electronic Filer Payment Voucher
Corporate Form 1100-V**

DO NOT WRITE OR STAPLE IN THIS AREA

1. Employer Identification Number <input type="text"/>		2. Fiscal Year End MM DD 2018		3. Amount of the payment you are making \$ <input type="text"/>	
4. Business entity is a: <input type="checkbox"/> Corporation <input type="checkbox"/> S Corporation		5. Corporation Name			
		Address			
		City		State	Zip Code

(Rev 10/2018)



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DETACH HERE AND MAIL TOP PORTION WITH YOUR PAYMENT