

2019

**DELAWARE DIVISION OF REVENUE
Electronic Filer Payment Voucher
Individual Form 200-V**

DO NOT WRITE OR STAPLE IN THIS AREA

1. Social Security Number <input type="text"/>	2. First four letters of your last name <input type="text"/>	3. Amount of the payment you are making \$ <input type="text"/>
4. Spouse's Social Security Number if a joint return <input type="text"/>	5. Name(s) Address City State Zip Code	

(Rev 03/2019)



DF21419019999

DETACH HERE AND MAIL TOP PORTION WITH YOUR PAYMENT