



DELAWARE **2023**
 DIVISION OF REVENUE F O R M
 SCT-VCH
ELECTRONIC FILER S CORPORATION PAYMENT VOUCHER
FORMERLY 1100V

Employer Identification Number

Fiscal or Calendar Year End (MM-DD-YYYY)

Amount of the Payment

S Corporation Name

Street Address


City

State

Zip Code

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 2044
 Wilmington, DE 19899-2044

 SIGNATURE OF OFFICER OR REPRESENTATIVE

 DATE

TITLE OF OFFICER

 PHONE NUMBER

 EMAIL ADDRESS

DO NOT CUT THIS PAGE

