FORM 200-ES DECLARATION OF ESTIMATED INCOME TAX RETURN WITH INSTALLMENT DUE

TAXPAYER SOC. SEC. NO.

SPOUSE SOC. SEC. NO.

TAXABLE YEAR

ENTER LAST NAME, FIRST NAME, SPOUSE NAME & ADDRESS

Last Name First Name

Spouse's Last Name Spouse's First Name

Street Address

City State Zip Code

(Revised 09/2018)

- 1. Amount of this installment
- Amount of unused overpayment credit, if any, applied to this installment (see instructions)
- Amount of this installment payment (line 1 less line 2)

RETURN THIS COPY WITH YOUR CHECK PAYABLE TO:

DIVISION OF REVENUE

P.O. BOX 830, WILMINGTON, DELAWARE 19899-0830
File Online at <u>www.revenue.delaware.gov</u> - It's Quick and Easy!



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