

**2020**

**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 06/2020)

**Mail To:**  
Delaware Division of Revenue  
P.O. Box 830  
Wilmington, DE 19899-0830



DF21420019999

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**DETACH HERE AND MAIL TOP PORTION WITH YOUR PAYMENT**