





## **DECLARATION OF ESTIMATED INCOME TAX**

TAXPAYER ID	SPOUSE TAXPAYER ID	TAX YEAR 2023 QUARTER	DUE BY
TAXPAYER FIRST NAME	TAXPAYER LAST NAME	AMOUNT OF THIS INSTALLMENT PAYMENT	\$ .00
CDOLICE FIRST MANAS	SPOUSE LAST NAME		
SPOUSE FIRST NAME	SPOUSE LAST NAME	File online at	
ADDRESS		https://tax.delaware.gov	
ADDRESS		Tittps://tax.ueiaware.gov	MAIL COMPLETED FORM WITH
CITY	STATE ZIP CODE		REMITTANCE PAYABLE TO:  Delaware Division of Revenue PO Box 830
			Wilmington, DE 19899-0830

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