



DELAWARE 2024
DIVISION OF REVENUE F O R M CIT-EST

CORPORATE TENTATIVE TAX RETURN FORMERLY 1100T



Taxpayer ID

Input field for Taxpayer ID

Calendar or Fiscal Year Ending

Input field for Calendar or Fiscal Year Ending

Due on or before

Input field for Due on or before

Voucher

Input field for Voucher

Name of Corporation

Input field for Name of Corporation

Street Address

Input field for Street Address

City

State

Zip Code

Input fields for City, State, and Zip Code

BALANCE DUE FROM LINE 8 OF WORKSHEET

Input field for BALANCE DUE FROM LINE 8 OF WORKSHEET

AMOUNT OF THIS PAYMENT

Input field for AMOUNT OF THIS PAYMENT

Check here if a request for change form is being filed



TAXPAYER'S WORKSHEET AND RECORD OF PAYMENTS

- 1. ESTIMATE DELAWARE TAXABLE INCOME FOR THE YEAR
2. CORPORATE INCOME TAX RATE
3. Multiply Line 1 by Line 2
4. ESTIMATED LIABILITY FOR YEAR
5. PERCENTAGE DUE
6. Multiply Line 4 by Line 5
7. LESS CREDIT CARRYOVER UNUSED
8. Subtract Line 7 from Line 6 (cannot be less than zero)

Table with 2 columns: Line number and Amount. Line 2 shows 8.70.

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 0830 Wilmington, DE 19899-0830

AUTHORIZED SIGNATURE

DATE

PRINTED NAME OF AUTHORIZED SIGNER

PHONE NUMBER

EMAIL ADDRESS

DO NOT CUT THIS PAGE

