



DELAWARE 2023
 DIVISION OF REVENUE F O R M
 CIT-EXT
**CORPORATE INCOME TAX REQUEST FOR EXTENSION
 FORMERLY 1100T-EXT**



Taxpayer ID

[Taxpayer ID input field]

Calendar or Fiscal
Year Ending

[Calendar or Fiscal Year Ending input field]

Due on or before

[Due on or before input field]

Extension to

[Extension to input field]

Name of Corporation

[Name of Corporation input field]

Street Address

[Street Address input field]

City State Zip Code

[City State Zip Code input field]

BALANCE DUE FROM LINE 7 OF WORKSHEET

[BALANCE DUE FROM LINE 7 OF WORKSHEET input field] .00

AMOUNT OF THIS PAYMENT

[AMOUNT OF THIS PAYMENT input field] .00

Check here if a request for change form is being filed

TAXPAYER'S WORKSHEET AND RECORD OF PAYMENTS

- 1. ESTIMATED DELAWARE TAXABLE INCOME FOR THE YEAR
- 2. CORPORATE INCOME TAX RATE
- 3. Multiply Line 1 by Line 2

1.	[input field]	.00
2.	[input field]	8.70
3.	[input field]	.00

- 4. ESTIMATED TAX PAID
- 5. Subtract Line 4 from Line 3
- 6. LESS CREDIT CARRYOVER
- 7. AMOUNT DUE WITH EXTENSION - Subtract Line 6 from Line 5

4.	[input field]	.00
5.	[input field]	.00
6.	[input field]	.00
7.	[input field]	.00

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

