



DELAWARE 2023

DIVISION OF REVENUE FORM
CIT-EXT

CORPORATE INCOME TAX REQUEST FOR EXTENSION FORMERLY 1100T-EXT



Taxpayer ID

Calendar or Fiscal
Year Ending

Due on or before

Extension to

Name of Corporation

Street Address

City

State

Zip Code

BALANCE DUE FROM LINE 7 OF WORKSHEET

.00

AMOUNT OF THIS PAYMENT

.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		1.	\$.00
2. CORPORATE INCOME TAX RATE		2.			8.70 %
3. Multiply Line 1 by Line 2	☰	3.	\$.00
4. ESTIMATED TAX PAID		4.	\$.00
5. Subtract Line 4 from Line 3	☰	5.	\$.00
6. LESS CREDIT CARRYOVER		6.	\$.00
7. AMOUNT DUE WITH EXTENSION - Subtract Line 6 from Line 5	☰	7.	\$.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

