



**DELAWARE** 2025  
 DIVISION OF REVENUE F O R M  
 CIT-EST  
**CORPORATE TENTATIVE TAX RETURN**



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]

Voucher

[Voucher 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 fields]

**BALANCE DUE FROM LINE 8 OF WORKSHEET**

[BALANCE DUE FROM LINE 8 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**

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

1.	[input]	.00
2.	[input]	8.70
3.	[input]	.00
4.	[input]	.00
5.	[input]	.00
6.	[input]	.00
7.	[input]	.00
8.	[input]	.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**

