



**DELAWARE** 2024  
 DIVISION OF REVENUE F O R M  
 CIT-EXT  
**CORPORATE INCOME TAX REQUEST FOR EXTENSION**



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 fields]

**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**

