



**DELAWARE** 2024  
DIVISION OF REVENUE F O R M  
CIT-VCH  
**ELECTRONIC FILER CORPORATION PAYMENT VOUCHER**

Employer Identification Number

Fiscal or Calendar Year End (MM-DD-YYYY)

Amount of the Payment

Corporation Name

Street Address

City

State

Zip Code

**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 2044  
Wilmington, DE 19899-2044

\_\_\_\_\_  
SIGNATURE OF OFFICER OR REPRESENTATIVE

\_\_\_\_\_  
DATE

TITLE OF OFFICER

PHONE NUMBER

EMAIL ADDRESS

**DO NOT CUT THIS PAGE**

