


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



1 Employer Identification Number	2 Fiscal or Calendar Year End (MM-DD-YYYY)	3 Amount of the Payment \$
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4 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 ■

