

# DELAWARE 2024

DIVISION OF REVENUE FORM  
CMP-EXT

## APPLICATION FOR AUTOMATIC EXTENSION OF TIME TO FILE DELAWARE COMPOSITE INCOME TAX RETURN

Business Name

Employer Identification Number

Street Address


City State Zip Code Tax Year **2024** Must be Filed by **April 30, 2025**

1. <b>TOTAL INCOME TAX LIABILITY</b> (You expect to owe)	1.	.00
2. <b>ESTIMATE TAX PAYMENTS</b> (Including prior year overpayments allowed as a credit)	2.	.00
3. <b>OTHER PAYMENTS AND CREDITS</b> (See instructions)	3.	.00
4. <b>TOTAL - Add Line 2 to Line 3</b>	4.	.00
5. <b>BALANCE DUE AND PAY IN FULL - Subtract Line 4 from Line 1</b>	5.	.00

An automatic extension of time until **October 15, 2025** is requested to file Composite Income Tax Return.

**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 830  
Wilmington, DE 19899-0830

\_\_\_\_\_  
SIGNATURE OF OFFICER DATE

TITLE OF OFFICER  
\_\_\_\_\_  
PHONE NUMBER  
\_\_\_\_\_  
EMAIL ADDRESS  
\_\_\_\_\_

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