



DELAWARE 2024

DIVISION OF REVENUE FORM
CMP-TAX

COMPOSITE PERSONAL INCOME TAX RETURN



For Fiscal Year beginning and ending

Name of Business

Employer Identification Number or Taxpayer ID

Street Address

City State Zip Code

Delaware Address (if different than above)

✓ Check Applicable Box:

Initial Return

Final Return

Amended Return

City State Zip Code

State of Incorporation Date of Incorporation Non-Resident Partners/Shareholders

Nature of Business

1. DELAWARE SOURCED INCOME (Non-residents only)	1.	<input type="text"/>	.00
2. TAX LIABILITY - Multiply Line 1 by .0660	2.	<input type="text"/>	.00
3. NON REFUNDABLE CREDITS (Must attach Form PIT-CRS)	3.	<input type="text"/>	.00
4. BALANCE - Subtract Line 3 from Line 2 (Enter 0 if Negative)	4.	<input type="text"/>	.00
5. ESTIMATED TAXES PAID	5.	<input type="text"/>	.00
6. CAPITAL GAINS TAX PAYMENTS (Attach Schedule REW-EST)	6.	<input type="text"/>	.00
7. S CORP PAYMENTS	7.	<input type="text"/>	.00
8. REFUNDABLE BUSINESS CREDITS (Must attach Form PIT-CRS)	8.	<input type="text"/>	.00
9. TOTAL PAYMENTS - Add Lines 5 through Line 8	9.	<input type="text"/>	.00
10. BALANCE DUE AND PAY IN FULL (If Line 9 is less than Line 4 Subtract Line 9 from Line 4)	10.	<input type="text"/>	.00
11. OVERPAYMENT AND REFUND (If Line 4 is less than Line 9 Subtract Line 4 from Line 9)	11.	<input type="text"/>	.00

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR 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.

PAID PREPARER INFORMATION

SIGNATURE OF OFFICER DATE

PAID PREPARER SIGNATURE DATE

TITLE OF OFFICER

ADDRESS

PHONE NUMBER

CITY STATE ZIP CODE

EMAIL ADDRESS

EIN, SSN or PTIN PHONE NUMBER

EMAIL ADDRESS

**MAIL COMPLETED FORM WITH
REMITTANCE PAYABLE TO:**

Delaware Division of Revenue
PO Box 508
Wilmington, DE 19899-0508