





DECLARATION OF ESTIMATED INCOME TAX

TAXPAYER ID	SPOUSE TAXPAYER ID	TAX YEAR	2025	QUARTER	DUE	ВУ	
TAXPAYER FIRST NAME	TAXPAYER LAST NAME	AMOUNT OF THIS INSTA		STALLMENT PAYN	/ENT	\$.00	
SPOUSE FIRST NAME	SPOUSE LAST NAME						
		File online a	at				
ADDRESS		https://tax	https://tax.delaware.gov			1	
				N		OMPLETED FORM WITH WITTANCE PAYABLE TO:	
CITY	STATE ZIP CODE				KLI	Delaware Division of Revenue PO Box 830	
						Wilmington, DE 19899-0830	

DO NOT CUT THIS PAGE

