





ELECTRONIC FILER PAYMENT VOUCHER

	YOUR TAXPAYER ID	SECONDARY TAXPAYER ID (if joint re		AMOUNT OF THE PAYMENT
1		2		3 \$
4	YOUR FIRST NAME		YOUR LAST NAME	
	SECONDARY FIRST NAME		SECONDARY LAST NAME	
5				
	STREET ADDRESS			
				Make your check or money order payable to "Delaware Division of Revenue".
6	CITY STATE		TE ZIP CODE	Do not send cash. Mail completed form to:
				Delaware Division of Revenue PO Box 830
				Wilmington, DE 19899-0830

DO NOT CUT THIS PAGE

