

**DELAWARE** **2024**  
 DIVISION OF REVENUE F O R M  
 SCT-EXT  
**S CORPORATION REQUEST FOR EXTENSION**

Taxpayer ID

Calendar or Fiscal  
Year Ending

Due on or before

Extension to

Name of Corporation

Street Address

**BALANCE DUE FROM LINE 7 OF WORKSHEET**

.00

City

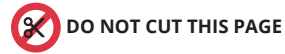
State

Zip Code

**AMOUNT OF THIS PAYMENT**

.00

Check here if a request for change form is being filed



**TAXPAYER'S WORKSHEET AND RECORD OF PAYMENTS**

<b>1. ESTIMATED AMOUNT OF DISTRIBUTIVE INCOME FOR THE TAXABLE YEAR</b>	<b>1.</b>	<b>.00</b>
<b>2a. TOTAL PERCENTAGE OF STOCK OWNED BY NON-RESIDENT SHAREHOLDERS</b>	<b>2a.</b>	
<b>2b. Multiply Line 1 by Line 2a</b>	<b>2b.</b>	<b>.00</b>
<b>3a. ENTER CORPORATION'S APPORTIONMENT PERCENTAGE</b>	<b>3a.</b>	
<b>3b. Multiply Line 2b by Line 3a</b>	<b>3b.</b>	<b>.00</b>
<b>4. Multiply Line 3b by 6.60% (This is the total amount of personal income tax required to be paid on behalf of the non-resident shareholders.)</b>	<b>4.</b>	<b>.00</b>
<b>5. ACTUAL TAX LIABILITY FOR THE YEAR</b>	<b>5.</b>	<b>.00</b>
<b>6. ESTIMATED TAX PAID</b>	<b>6.</b>	<b>.00</b>
<b>7. AMOUNT DUE WITH EXTENSION</b>	<b>7.</b>	<b>.00</b>

**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 0830  
Wilmington, DE 19899-0830

AUTHORIZED SIGNATURE

DATE

PRINTED NAME OF AUTHORIZED SIGNER

PHONE NUMBER

EMAIL ADDRESS

**DO NOT CUT THIS PAGE**

