



DELAWARE 2024

DIVISION OF REVENUE FORM
SCT-EXT

S CORPORATION REQUEST FOR EXTENSION



Taxpayer ID

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Calendar or Fiscal
Year Ending

Due on or before

Extension to

Name of Corporation

Street Address

City

State

Zip Code

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BALANCE DUE FROM LINE 7 OF WORKSHEET	\$.00
AMOUNT OF THIS PAYMENT	\$.00

 Check here if a request for change form is being filed

 DO NOT CUT THIS PAGE

TAXPAYER'S WORKSHEET AND RECORD OF PAYMENTS			
1.	ESTIMATED AMOUNT OF DISTRIBUTIVE INCOME FOR THE TAXABLE YEAR	1.	\$.00
2a.	TOTAL PERCENTAGE OF STOCK OWNED BY NON-RESIDENT SHAREHOLDERS	2a.	%
2b.	Multiply Line 1 by Line 2a	2b.	\$.00
3a.	ENTER CORPORATION'S APPORTIONMENT PERCENTAGE	3a.	%
3b.	Multiply Line 2b by Line 3a	3b.	\$.00
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.)	4.	\$.00
5.	ACTUAL TAX LIABILITY FOR THE YEAR	5.	\$.00
6.	ESTIMATED TAX PAID	6.	\$.00
7.	AMOUNT DUE WITH EXTENSION	7.	\$.00

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

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