





S CORPORATION PERSONAL INCOME TAX

Calendar or Fiscal Taxpayer ID Year Ending Due on or before Voucher Name of Corporation **BALANCE DUE FROM LINE 6 OF WORKSHEET** Street Address 00 City State Zip Code **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 - CALCULATION OF ESTIMATED TAX DUE ESTIMATED AMOUNT OF DISTRIBUTIVE INCOME FOR THE TAXABLE YEAR .00 TOTAL PERCENTAGE OF STOCK OWNED BY NON-RESIDENT SHAREHOLDERS 2a. 2a. 2b. Multiply Line 1 by Line 2a 2b. .00 Multiply Line 2b by 6.60% (This is the total amount of personal income tax required to be paid on behalf of the non-resident shareholders.) 3. 3. .00 **ESTIMATED LIABILITY FOR YEAR** 4. .00 5. PERCENTAGE DUE 5. 6. AMOUNT DUE - Multiply Line 4 by Line 5 .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 Wilmington, DE 19899-0830 AUTHORIZED SIGNATURE **DATE**

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PRINTED NAME OF AUTHORIZED SIGNER

PHONE NUMBER

@ EMAIL ADDRESS