



DELAWARE **2025**
 DIVISION OF REVENUE F O R M
 SCT-TAX
S CORPORATION PERSONAL INCOME TAX

Taxpayer ID

Calendar or Fiscal
Year Ending

Due on or before

Voucher

Name of Corporation

Street Address

BALANCE DUE FROM LINE 6 OF WORKSHEET

.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

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
3. 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.	.00
4. ESTIMATED LIABILITY FOR YEAR	4.	.00
5. PERCENTAGE DUE	5.	
6. AMOUNT DUE - Multiply Line 4 by Line 5	6.	.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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