



**DELAWARE** 2024  
 DIVISION OF REVENUE F O R M  
 SCT-VCH  
**ELECTRONIC FILER S CORPORATION PAYMENT VOUCHER**



Employer Identification Number

Fiscal or Calendar Year End (MM-DD-YYYY)

Amount of the Payment

S Corporation Name

Street Address


City

State

Zip Code

**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 2044  
 Wilmington, DE 19899-2044

 SIGNATURE OF OFFICER OR REPRESENTATIVE

 DATE

TITLE OF OFFICER

 PHONE NUMBER

 EMAIL ADDRESS

**DO NOT CUT THIS PAGE**

