# DELAWARE 2026 FORM
## DIVISION OF REVENUE CMP-EST

## DECLARATION OF ESTIMATED INCOME TAX

Business Name

Employer Identification Number

Street Address

City | State | Zip Code

Tax Year: 2026

Quarter

Due By

| | | |
|---|---|---|
| 1. | AMOUNT OF THIS INSTALLMENT | 1. .00 |
| 2. | AMOUNT OF THIS INSTALLMENT PAYMENT | 2. .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 830
Wilmington, DE 19899-0830

SIGNATURE OF OFFICER

DATE

TITLE OF OFFICER

PHONE NUMBER

EMAIL ADDRESS

# DO NOT CUT THIS PAGE