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 | Quarter | Due By

2026

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