



# DELAWARE

2025  
DIVISION OF REVENUE F O R M  
CMP-TAX  
COMPOSITE PERSONAL INCOME TAX RETURN



For Fiscal Year beginning [ ] and ending [ ]

Name of Business

Street Address

City State Zip Code

Delaware Address (if different than above)

City State Zip Code

State of Incorporation Date of Incorporation Non-Resident Partners/Shareholders

Nature of Business

Employer Identification Number or Taxpayer ID

✓ Check Applicable Box:

☐ Initial Return

☐ Final Return

☐ Amended Return

1.	DELAWARE SOURCED INCOME (Non-residents only)	1.	[ ]	.00
2.	TAX LIABILITY - Multiply Line 1 by .0660	2.	[ ]	.00
3.	NON REFUNDABLE CREDITS (Must attach Form PIT-CRS)	3.	[ ]	.00
4.	BALANCE - Subtract Line 3 from Line 2 (Enter 0 if Negative)	4.	[ ]	.00
5.	ESTIMATED TAXES PAID	5.	[ ]	.00
6.	CAPITAL GAINS TAX PAYMENTS (Attach Schedule REW-EST)	6.	[ ]	.00
7.	S CORP PAYMENTS	7.	[ ]	.00
8.	REFUNDABLE BUSINESS CREDITS (Must attach Form PIT-CRS)	8.	[ ]	.00
9.	TOTAL PAYMENTS - Add Lines 5 through Line 8	9.	[ ]	.00
10.	BALANCE DUE AND PAY IN FULL (If Line 9 is less than Line 4 Subtract Line 9 from Line 4)	10.	[ ]	.00
11.	OVERPAYMENT AND REFUND (If Line 4 is less than Line 9 Subtract Line 4 from Line 9)	11.	[ ]	.00

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN

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.

SIGNATURE OF OFFICER

DATE

TITLE OF OFFICER

PHONE NUMBER

@ EMAIL ADDRESS

PAID PREPARER INFORMATION

PAID PREPARER SIGNATURE

DATE

ADDRESS

CITY

STATE

ZIP CODE

EIN, SSN or PTIN

PHONE NUMBER

@ EMAIL ADDRESS

MAIL COMPLETED FORM WITH  
REMITTANCE PAYABLE TO:

Delaware Division of Revenue  
PO Box 508  
Wilmington, DE 19899-0508