DELAWARE 2025 FORM HMC-EXT
DIVISION OF REVENUE

HEADQUARTERS MANAGEMENT CORPORATION INCOME TAX REQUEST FOR EXTENSION

Taxpayer ID

Calendar or Fiscal Year Ending

Due on or before

Extension to

Name of Corporation

Street Address

City | State | Zip Code

BALANCE DUE FROM LINE 7 OF WORKSHEET .00

AMOUNT OF THIS PAYMENT .00

☐ Check here if a request for change form is being filed

TAXPAYER'S WORKSHEET AND RECORD OF PAYMENTS

1.	**ESTIMATED DELAWARE TAXABLE INCOME FOR THE YEAR**	1.	.00
2.	**CORPORATE INCOME TAX RATE**	2.	8.70
3.	**Multiply** Line 1 by Line 2	3.	.00
4.	**ESTIMATED TAX PAID**	4.	.00
5.	**Subtract** Line 4 from Line 3	5.	.00
6.	**LESS CREDIT CARRYOVER**	6.	.00
7.	**AMOUNT DUE WITH EXTENSION - Subtract** Line 6 from Line 5	7.	.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

DO NOT CUT THIS PAGE

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