



**DELAWARE** **2025**  
DIVISION OF REVENUE F O R M  
PIT-VCH  
**ELECTRONIC FILER PAYMENT VOUCHER**



YOUR TAXPAYER ID

1

SECONDARY TAXPAYER ID (if joint return)

2

AMOUNT OF THE PAYMENT

3 \$

YOUR FIRST NAME

4

YOUR LAST NAME

SECONDARY FIRST NAME

5

SECONDARY LAST NAME

STREET ADDRESS

6

CITY

STATE

ZIP CODE

Make your check or money order payable to  
"Delaware Division of Revenue".  
Do not send cash.



**Mail completed form to:**

Delaware Division of Revenue  
PO Box 830  
Wilmington, DE 19899-0830

DO NOT CUT THIS PAGE

