



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



Employer Identification Number

Fiscal or Calendar Year End (MM-DD-YYYY)

Amount of the Payment

Partnership Name

Street Address

City

State

Zip Code

**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 OR REPRESENTATIVE

 DATE

TITLE OF OFFICER

 PHONE NUMBER

 EMAIL ADDRESS

**DO NOT CUT THIS PAGE**

