DELAWARE 2025 FORM
DIVISION OF REVENUE PRT-VCH

ELECTRONIC FILER PARTNERSHIP PAYMENT VOUCHER

1 Employer Identification Number	2 Fiscal or Calendar Year End (MM-DD-YYYY)	3 Amount of the Payment
		$

4 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

DFPRTVCH2025019999V1
Revision 20250730