DELAWARE 2025 FORM
DIVISION OF REVENUE SCT-EXT
S CORPORATION 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

DO NOT CUT THIS PAGE

TAXPAYER'S WORKSHEET AND RECORD OF PAYMENTS

1.	**ESTIMATED AMOUNT OF DISTRIBUTIVE INCOME FOR THE TAXABLE YEAR**	1.	.00
2a.	**TOTAL PERCENTAGE OF STOCK OWNED BY NON-RESIDENT SHAREHOLDERS**	2a.	
2b.	**Multiply** Line 1 by Line 2a	2b.	.00
3a.	**ENTER CORPORATION'S APPORTIONMENT PERCENTAGE**	3a.	
3b.	**Multiply** Line 2b by Line 3a	3b.	.00
4.	**Multiply** Line 3b by 6.60% (This is the total amount of personal income tax required to be paid on behalf of the non-resident shareholders.)	4.	.00
5.	**ACTUAL TAX LIABILITY FOR THE YEAR**	5.	.00
6.	**ESTIMATED TAX PAID**	6.	.00
7.	**AMOUNT DUE WITH EXTENSION**	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

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