



DELAWARE **2025**
DIVISION OF REVENUE F O R M
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

BALANCE DUE FROM LINE 7 OF WORKSHEET

.00

City

State

Zip Code

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 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

DO NOT CUT THIS PAGE

