



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

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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