



DELAWARE **2025**
DIVISION OF REVENUE **F O R M**
SCT-VCH
ELECTRONIC FILER S CORPORATION PAYMENT VOUCHER

Employer Identification Number

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

Amount of the Payment

S Corporation 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 2044
Wilmington, DE 19899-2044

 SIGNATURE OF OFFICER OR REPRESENTATIVE

 DATE

TITLE OF OFFICER

 PHONE NUMBER

 EMAIL ADDRESS

DO NOT CUT THIS PAGE

