



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



Employer Identification Number

1

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

2

Amount of the Payment

3

S Corporation Name

4

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

