



DELAWARE **2026**
DIVISION OF REVENUE **F O R M**
CMP-TAX
COMPOSITE PERSONAL INCOME TAX RETURN

For Fiscal Year beginning _____ and ending _____

Name of Business _____

Employer Identification Number or Taxpayer ID _____

Street Address _____

City _____ State _____ Zip Code _____

Delaware Address (if different than above) _____

✓ Check Applicable Box:

Initial Return

Final Return

Amended Return

City _____ State _____ Zip Code _____

State of Incorporation _____ Date of Incorporation _____ Non-Resident Partners/Shareholders _____

Nature of Business _____

1.	DELAWARE SOURCED INCOME (Non-residents only)	1.	.00
2.	TAX LIABILITY - Multiply Line 1 by .0660	2.	.00
3.	NON REFUNDABLE CREDITS (Must attach Form PIT-CRS)	3.	.00
4.	BALANCE - Subtract Line 3 from Line 2 (Enter 0 if Negative)	4.	.00
5.	ESTIMATED TAXES PAID	5.	.00
6.	CAPITAL GAINS TAX PAYMENTS (Attach Schedule REW-EST)	6.	.00
7.	S CORP PAYMENTS	7.	.00
8.	REFUNDABLE BUSINESS CREDITS (Must attach Form PIT-CRS)	8.	.00
9.	TOTAL PAYMENTS - Add Lines 5 through Line 8	9.	.00
10.	BALANCE DUE AND PAY IN FULL (If Line 9 is less than Line 4 Subtract Line 9 from Line 4)	10.	.00
11.	OVERPAYMENT AND REFUND (If Line 4 is less than Line 9 Subtract Line 4 from Line 9)	11.	.00

PLEASE REMEMBER TO ATTACH APPROPRIATE SUPPORTING SCHEDULES WHEN FILING YOUR RETURN 📎

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.

PAID PREPARER INFORMATION

SIGNATURE OF OFFICER

DATE

TITLE OF OFFICER _____

☎ PHONE NUMBER _____

@ EMAIL ADDRESS _____

PAID PREPARER SIGNATURE

DATE

ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

EIN, SSN or PTIN _____

☎ PHONE NUMBER _____

@ EMAIL ADDRESS _____

**MAIL COMPLETED FORM WITH
REMITTANCE PAYABLE TO:**

Delaware Division of Revenue
PO Box 508
Wilmington, DE 19899-0508