



DELAWARE 2027
DIVISION OF REVENUE F O R M
CIT-EST
CORPORATE TENTATIVE TAX RETURN



Taxpayer ID

Calendar or Fiscal
Year Ending

Due on or before

Quarter

Name of Corporation

Street Address

City

State

Zip Code

BALANCE DUE FROM LINE 8 OF WORKSHEET

AMOUNT OF THIS PAYMENT

☐ Check here if a request for change form is being filed



DO NOT CUT THIS PAGE

TAXPAYER'S WORKSHEET AND RECORD OF PAYMENTS

- ESTIMATE DELAWARE TAXABLE INCOME FOR THE YEAR**
- CORPORATE INCOME TAX RATE**
- Multiply** Line 1 by Line 2

1. .00
2. 8.70
3. .00

- ESTIMATED LIABILITY FOR YEAR**
- PERCENTAGE DUE**
- Multiply** Line 4 by Line 5
- LESS CREDIT CARRYOVER UNUSED**
- Subtract** Line 7 from Line 6 (cannot be less than zero)

4. .00
5. .00
6. .00
7. .00
8. .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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