



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

\$

.00

AMOUNT OF THIS PAYMENT

\$

.00

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



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TAXPAYER'S WORKSHEET AND RECORD OF PAYMENTS

1.	ESTIMATE DELAWARE TAXABLE INCOME FOR THE YEAR	1.	\$	.00
2.	CORPORATE INCOME TAX RATE	2.		8.70 %
3.	Multiply Line 1 by Line 2	3.	\$	.00
4.	ESTIMATED LIABILITY FOR YEAR	4.	\$	.00
5.	PERCENTAGE DUE	5.		%
6.	Multiply Line 4 by Line 5	6.	\$	.00
7.	LESS CREDIT CARRYOVER UNUSED	7.	\$	.00
8.	Subtract Line 7 from Line 6 (cannot be less than zero)	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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