



DELAWARE 2026
DIVISION OF REVENUE FORM
HMC-EXT
**HEADQUARTERS MANAGEMENT CORPORATION
INCOME TAX REQUEST FOR EXTENSION**



Taxpayer ID

Calendar or Fiscal
Year Ending

Due on or before

Extension to

Name of Corporation

Street Address

City

State

Zip Code

BALANCE DUE FROM LINE 7 OF WORKSHEET

.00

AMOUNT OF THIS PAYMENT

.00

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

TAXPAYER'S WORKSHEET AND RECORD OF PAYMENTS

- ESTIMATED DELAWARE TAXABLE INCOME FOR THE YEAR**
- CORPORATE INCOME TAX RATE**
- Multiply** Line 1 by Line 2
- ESTIMATED TAX PAID**
- Subtract** Line 4 from Line 3
- LESS CREDIT CARRYOVER**
- AMOUNT DUE WITH EXTENSION - Subtract** Line 6 from Line 5

- .00
- 8.70**
- .00
- .00
- .00
- .00
- .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

DO NOT CUT THIS PAGE

