



DELAWARE 2026
DIVISION OF REVENUE F O R M
SCT-EXT
S CORPORATION 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

AMOUNT OF THIS PAYMENT

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



TAXPAYER'S WORKSHEET AND RECORD OF PAYMENTS

1. **ESTIMATED AMOUNT OF DISTRIBUTIVE INCOME FOR THE TAXABLE YEAR**
- 2a. **TOTAL PERCENTAGE OF STOCK OWNED BY NON-RESIDENT SHAREHOLDERS**
- 2b. **Multiply** Line 1 by Line 2a
- 3a. **ENTER CORPORATION'S APPORTIONMENT PERCENTAGE**
- 3b. **Multiply** Line 2b by Line 3a
4. **Multiply** Line 3b by 6.60% (This is the total amount of personal income tax required to be paid on behalf of the non-resident shareholders.)
5. **ACTUAL TAX LIABILITY FOR THE YEAR**
6. **ESTIMATED TAX PAID**
7. **AMOUNT DUE WITH EXTENSION**

1.		.00
2a.		
2b.		.00
3a.		
3b.		.00
4.		.00
5.		.00
6.		.00
7.		.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

